

THE ROLE OF MALE-MALE RELATIONSHIPS IN PARTNER
VIOLENCE TREATMENT GROUPS: THE EFFECTS OF IMPROVING
SAME SEX RELATIONSHIPS ON ATTACHMENT

A Dissertation

by

ASHLEY D. BARNES

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

August 2007

Major Subject: Counseling Psychology

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Approved by:

Chair of Committee, Daniel Brossart
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ABSTRACT

The Role of Male-Male Relationships in Partner Violence Treatment Groups: The Effects of Improving Same Sex Relationships on Attachment.

(August 2007)

Ashley D. Barnes, B.S.; M.S., Texas A&M University

Chair of Advisory Committee: Dr. Daniel Brossart

The current study focused on the challenging task of providing treatment to male batterers and the various factors that may positively affect the outcome of treatment. Group treatment has been shown to be a successful modality to working with partner abusers, due to the unique environment that is created where males interact with and establish relationships with other males. This male-male socialization may have potential positive effects on the course and outcome of therapy. This study sought to provide support for Jennings and Murphy's theory of domestic violence that male-female disrupted relationships have roots in disrupted male-male relationships and male identity issues and rigid gender role ideals. This study predicted that over the course of a 15-week court mandated domestic violence group, improving male-male relationships would be correlated with improvements in male identity issues and rigid sex role attitudes and improvements in male-female relationship issues. These expectations were supported by the research data. Additionally, it was expected that an improvement in same sex relationships would be related to an overall dimensional change in their attachment system. This hypothesis was not supported by the data. Moreover, process variables such as group climate and working alliance were also examined throughout the

course of the group to shed light on any changes that were found. The results showed steadily increasing reports of positive working alliance ratings by counselors and clients, and increasing levels of group cohesion among the group members. The discussion and conclusions focus on the clinical significance of the study's findings and include specific examples from the groups in this study. Implications for treatment with this population, limitations of the study, and suggestions for future research are also addressed.

DEDICATION

I would like to thank my family for the endless love and support they have given me throughout this process and throughout my life. Without you, none of this would have been possible or worthwhile. Thank you for going on this journey with me.

ACKNOWLEDGMENTS

There are many individuals that I would like to acknowledge for their support and guidance throughout this research process and throughout my graduate work. I would like to express my overwhelming gratitude to my doctoral committee. Your abundant support and creative ideas were invaluable in the formulation of my research. The time and effort that was contributed to this project and to my professional development is extremely appreciated.

I would like to thank Dan Brossart, my committee chair, for sticking with me and guiding me throughout every stage of this project. Your continuous patience and feedback were so important in helping me produce a great research project.

I would also like to thank Michael Duffy for offering his time and clinical wisdom in supervising the treatment groups used in this study. I have become a better researcher and clinician due to all your supportive efforts.

Also, to Karlen Moore, I owe a huge thank you. It was an unlikely but incredible partnership and I would not have had such an enjoyable time leading the groups and finishing my data collection without you.

Lastly, I would like to thank Jonathan Cook for his assistance in the analyses and interpretation of my study's data. I am grateful for your statistical wisdom and teaching which was paramount to my completing this project.

TABLE OF CONTENTS

	Page
ABSTRACT	iii
DEDICATION	v
ACKNOWLEDGMENTS	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	ix
LIST OF FIGURES	x
 CHAPTER	
I INTRODUCTION	1
Background and Context	3
Purpose of the Study	16
Research Questions	17
II REVIEW OF THE LITERATURE	19
Cognitive-Behavioral Treatment for Partner Violent Males.....	20
Theories of Masculinity.....	23
Male Identity Issues.....	25
Male-Male Relationships.....	32
Displacement onto Male-Female Relationships.....	35
Romantic Attachment	43
Attachment and Intimate Partner Violence.....	44
Attachment Stability	46
Process Variables	49
III METHODOLOGY	52
Integrated Treatment Model	52
Participants	56
Measures.....	57
Procedure.....	69

CHAPTER	Page
IV RESULTS.....	71
Pretreatment Correlations.....	71
Posttreatment Correlations	76
MANOVA.....	81
Entering Variables into a Single MANOVA.....	85
Process Variables	88
V DISCUSSION AND CONCLUSIONS.....	94
Hypothesis I.....	94
Hypothesis II	97
Hypothesis III	98
Hypothesis IV	107
Implications for Treatment	108
Limitations.....	111
Suggestions for Future Research	112
REFERENCES	114
APPENDIX A	129
APPENDIX B	131
VITA	154

LIST OF TABLES

TABLE	Page
1 Pretreatment Correlations of Male Identity Variables with Variables Representing Deficits in Male-Male Relationships.....	72
2 Pretreatment Correlations of Variables Representing Deficits in Male-Male Relationships with Male-Female Relationship Variables.....	74
3 Pretreatment Correlations of Romantic Attachment Variables with Variables Representing Deficits in Male-Male Relationships.....	75
4 Posttreatment Correlations of Male Identity Variables with Variables Representing Deficits in Male-Male Relationships.....	77
5 Posttreatment Correlations of Variables Representing Deficits in Male-Male Relationships with Male-Female Relationship Variables.....	79
6 Posttreatment Correlations of Romantic Attachment Variables with Variables Representing Deficits in Male-Male Relationships.....	80
7 Variable Means and Standard Deviations Pre- and Posttreatment.....	82
8 Standardized Discriminant Function Coefficients and Factor Loadings for MANOVA with All Variables Entered	87

LIST OF FIGURES

FIGURE		Page
1	Working Alliance Ratings Across Time.....	91
2	Group Cohesion Ratings Across Time.....	93

CHAPTER I

INTRODUCTION

Male-to-female partner violence is a pervasive problem in today's society that affects nearly 1 in 6 women (Straus, 1999). A batterer can be described as someone who uses not only physical abuse, but also emotional, sexual, economic, or other abusive behaviors to assert power and control over their partner (Peterman & Dixon, 2001). Batterers can originate from any social, ethnic, economic, professional, educational, or religious group. Moreover, batterers may also manifest from both genders. While research has shown women to be as violent as men, 92% of all domestic violence incidents are committed by men against women, and the degree of harm from male violence is 6 times more severe (Straus, 1999). There is an estimated 8.7 million cases of partner violence per year in the United States, with 11%-16% of women reporting violent behavior by their partners (Straus, 1999). Consequently, research shows that left untreated, the cycle and degree of partner violence tends to escalate over time (Lawson, 2003).

Most theoretical explanations of male battering come from feminist and social learning theories. From a feminist explanation, battering originates from traditional male domination over a female partner, which patriarchal society tends to condone, both directly and indirectly. Social learning theory states that abusive behaviors are learned through observation, such as witnessing abuse as a child. Both the feminist and social

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learning theoretical explanations credit social factors as the culprit behind a male's use of violence and assume that battering is a functional, instrumental behavior. Both approaches also hold that skills training, confronting irrational beliefs, and anger management techniques will be sufficient to abruptly end the cycle of violence (Daniels & Murphy, 1997). There is potential risk for treatment with reductionistic explanations that do not address the collection of both individual, systems, and social factors that contribute to intimate partner violence (Gondolf, 1988). Strict adherence to single factor approaches may be missing these influential pieces of the puzzle and missing valuable opportunities for taking a more comprehensive approach to curb the use of violence against women.

It is evident from the disturbing statistics and lack of agreement on effective treatment models for male batterers that there is a critical need for successful treatment approaches to decrease the number and severity of male perpetrated violent crimes against women. Treatment for men who assault their wives began in the late 1970s, based on a cognitive-behavioral model attempting to help men modify and regulate their anger and abusive behavior (Dutton & Sonkin, 2003). Most batterer treatment programs continue to utilize cognitive-behavioral and short-term psychoeducational treatment approaches that focus on education and teaching of effective anger management skills to decrease the use of violence (Carden, 1994; Feldman & Ridley, 1995; Gondolf, 1997; Holtzworth-Munroe & Meehan, 2004).

Outcome research has demonstrated that of those males who completed treatment for domestic violence, recidivism rates ranged from 24% to 40% within 6 to 24 months

following termination (Gondolf, 1997). Researchers have argued that current research on cognitive-behavioral treatment models fail to indicate successful changes in reducing either psychological or physical abuse (Holtzworth-Munroe & Stuart, 1994). Moreover, the field of domestic violence is urging for greater use of integrative approaches arguing that to produce long term change in male partner abusers, treatment needs to consider other factors involved in their use of violence; however, few integrative treatment approaches are described in the literature and few, if any, have empirical support for the use of their treatment model (Lawson, Dawson, Kieffer, Perez, Burke, & Kier, 2001). Such findings suggest that there has not been one single approach that has proven itself superior in working with this population; thus leaving the arena for finding effective partner abuse treatment and interventions ripe for inspection (Dutton & Sonkin, 2003).

Background and Context

Traditional Masculine Ideology

As would be expected, most male batterers subscribe to a rigid male sex role (Jennings & Murphy, 2000). Many researchers have concluded that there are common elements that comprise the traditional male role. David and Brannon (1976) proposed a model that outlines the predominant characteristics that define the traditional male role. The first element describes an anti-feminine attitude in which men reject anything that is stereotyped as feminine or identified with females. This theme is labeled as “no sissy stuff.” Another element that describes traditional males is a competitive edge aimed at achieving success, control, and power. This theme is referred to as “the big wheel.” A third element is a man’s tendency towards risk-taking behavior including aggression due

to their socialized belief that a man never runs from a fight. This theme is referred to as “give ‘em hell.” A fourth element is a man’s display of toughness and avoidance of weakness. This theme is referred to as “the sturdy oak.” It is important to note that these descriptors of the traditional male gender role are based on a nonoffender population thus limiting the generalizability to offender populations and limiting the consideration of individual differences (David & Brannon, 1976)

More recently over the last 20 years, a “new psychology of men” has emerged as masculinity has begun to be examined not as a norm, but as a problematic byproduct of male gender role socialization (Levant, 1996). This new perspective has challenged the traditional male role described above, and examined the effects that the male socialization process has on problematic behavior such as aggression, violence, and devaluation of women. Current pressures on men to behave in ways that are in conflict with traditional characteristics of the masculine gender role, including engaging in committed relationships, expression of inner emotions, joining sexuality with monogamy, and reducing violence and aggression, are causing a masculinity crisis for many men resulting in strained connections between the sexes (Levant, 1996). Present day pressures to be a man while incorporating new, nontraditional male behaviors, is causing strain and stress on men who adhere to a traditional masculine ideology.

Jakupcak, Lisak, and Roemer (2002) suggest that evaluation of dysfunctional, traditionally masculine related behaviors, such as violence against women, are linked to the conflict men are experiencing when they fail to conform to male role norms. The result is psychological distress and a lowered self-esteem. O’Neil and Harway (1997)

suggest that the male gender role socialization process may be connected to a man's use of violence against women due to the expectation that males be successful, powerful, controlled, and competitive. When these traditionally masculine traits that define a man's self-esteem are threatened by a female partner, he is likely to react to reassert his masculine identity; at times even using violence to restore his pride and avoid being vulnerable (Jakupcak, Lisak, & Roemer, 2002; Dutton & Browning, 1988). Studies have shown that males who endorsed traditional masculine attitudes about male superiority were more likely to support husbands' use of marital violence and males' physical abuse against female dating partners (Bernard, Bernard, & Bernard, 1985; Finn, 1986).

Jennings and Murphy (2000) argue that because male battering is the most obvious display of dominance, exploitation, and abuse of females, it is difficult to view the roots of the problem as originating anywhere other than in male-female relationships. However, the authors make the argument for a new theory of domestic violence, asserting that male violence against women may be influenced by a disruption or lack of male-male relationships which stem from male gender role socialization. The authors claim that exploring the issue of domestic violence from the viewpoint that disruptions in both male-female and male-male relatedness are contributing factors may add understanding to the problem and to bettering treatment interventions (Jennings & Murphy, 2000).

Socialized Masculinity

Jennings and Murphy (2000) discuss shame theory as a new perspective to understanding male battering. Shame theory asserts that males are socialized to present

themselves as strong, stoic, and self-reliant while avoiding vulnerability, emotionality, and dependency, which are presumed to be associated with shame. The result of such a traditionally masculine socialization process is shame when males feel their masculine identity is threatened or their dependency needs or vulnerability is exposed. Anger and violence arise in an attempt to repress their shame and restore dominance and control in the relationship. Jennings and Murphy (2000) go on to assert that the male socialization process is directed toward both genders: socialized masculinity with females and socialized masculinity with males.

Male-female relationships grant men more latitude in expressing their sensitivity without creating high levels of shame; however, when males interact with other males, the range of acceptable expression and behavior is restricted and potentially ripe for public shaming (Jennings & Murphy, 2000). The gender role socialization process for young boys is extremely influential given that the greatest amount of their time is spent with same sex male playmates, which strongly shapes their developing behavior and attitudes. Young males longing for acceptance from their peers creates fear of negative evaluation and rejection to avoid humiliating labels such as “sissy”, thus leading to conformity to traditional normative behaviors (Jennings & Murphy, 2000, p. 23). Traditional masculine socialization guards against male and female induced shame and humiliation, yet also creates a barrier to emotional expressiveness, connection, and sensitivity with both sexes (Jennings & Murphy, 2000).

Male-Male Disconnection

There are many other negative results for males borne out of the male socialization process regarding their ability to engage in relationships with others. One result may be a superficial, hypermasculine means of seeking connection with other males to appear to uphold the traditional male role. Conversely, isolation and disconnection from their male peers may arise out of their need to avoid challenging their rigid sex roles and traditional male beliefs and behaviors. The inherent need for male affection and acceptance still exists underneath a defensive, hypermasculinized exterior that drives male behavior. Males still long for connection with other males but the means by which they seek such relatedness is now confined to two options: male connection through hypermasculine behavior or male connection through women (Jennings & Murphy, 2000).

Hypermasculine means of seeking closeness with other males may manifest through excelling in sports, driving a nice car, earning a big income, bragging about possessions, making crude jokes, excessive drinking, wild partying, talking about sexual conquests, or acting tough (Jennings & Murphy, 2000). All of these overly masculine behaviors are superficial means of creating relationships with other males within the acceptable context of what is viewed as 'manly'. These means of relating to their peers become automatic and serve as a defense against the possibility of public shaming.

The pursuit of male connection through females leads men to seek connection with women as a replacement for the male relationships they desire. Their relationships with females remain the safest outlet for expression of their emotionality and

compassion creating the opportunity for true intimacy; this also reiterates the difference between socialized masculinity with males and socialized masculinity with females (Jennings & Murphy, 2000). This also creates alienation from other males and places a considerable amount of pressure on his female partner to satisfy all his desires for human contact. Jennings and Murphy (2000) assert that "...all his emotional and social eggs are in one basket...her loss would be truly catastrophic...this helps account for the characteristic aggressiveness, violence, intimidation, and controlling behaviors used by abusive men" (p. 24). This exemplifies how male-male alienation and masculinity issues become displaced onto male-female relationships and contribute to the use of violence against women.

Displacement of Male-Male Issues

Jennings and Murphy (2000) build their theory that multiple male identity issues are manifested out of the male socialization process and then displaced onto their male-female relationships, explaining the use of violence against their female partners. The authors discuss the following issues, among others, as creating deficits in male-male relationships and eventually being displaced onto male-female relationships: rigid sex roles, hypermasculinity, and restrictive emotionality. These male identity issues are then displaced onto male-female relationships resulting in the following problematic issues: dependency, jealousy, aggression, and lack of empathy (Jennings & Murphy, 2000).

Males are socialized from an early age that they are praised and admired for being rough, tough risk-takers, leading to the adoption of a traditional masculine gender identity. A rigid sex role definition becomes the driving force behind a strong,

accomplished, and dominating masculine identity. Similarly, males learn that in order to represent this masculine ideal they must guard against expression of emotions, vulnerability, and sensitivity. Such restrictive emotionality leads males to lose touch with their inner emotions and blunt their emotional experience and expression in order to avoid humiliation if they were to break their stoic male code. Their lack of experience with expressing their inner emotions leads to a lack of empathic expression in their relationships with females and a lack of empathy or remorse for their angry and violent outbursts borne out of their inability to regulate their vulnerable feelings (Jennings & Murphy, 2000).

Males are also taught from an early age that it is more acceptable to relate to their peers by means such as authority, status, dominance, and knowledge, rather than intimacy, emotional expression, and caring. By following the 'male pecking order', men gain pride and esteem by 'having the answers' and expertise from which to build their social interactions with other males (Jennings & Murphy, 2000). Such hypermasculinized means of relating to other males remains a safe way to avoid revealing their dependency needs and leads to a lack of true intimacy and connection with their male peers. This male alienation is transformed into excessive levels of dependency and jealousy over their partners, which may escalate into anger, aggression, and violence in order to maintain their sole source of intimacy and affection (Jennings & Murphy, 2000).

Males still have the unexpressed longing for male connection and acceptance, yet their relationships with their female partners remain the safest option for seeking the

companionship they desire. When their partner becomes their sole source of closeness and connection, the investment and dependence is incredibly high and thus losing her would be truly catastrophic. Moreover, the increasing dependence for one individual to serve as “his mother, father, lover, buddy, confidante, and social club” leads to immense jealousy at any perceived threat of losing her support (Jennings & Murphy, 2000, p. 26). Extreme jealousy leads to possessive and irrational behaviors to avoid the humiliation that would result if he were to lose her and be viewed as “half a man” (Jennings & Murphy, 2000, p. 27). In order to prevent losing her, a male may use anger to instill fear and assert his power and control in the relationship. When the mere illusion of expressed anger begins to fail to reestablish his superiority and keep his partner in the relationship, he may resort to aggressive and violent outbursts. Men have learned that such dominance strategies have worked to reestablish the pecking order with other males, and thus employ the same desperate attempts to reassert his dominant position in the relationship. There is a subsequent lack of empathic expression for their violent tactics as these men have learned to withdrawal and stifle their emotions in times of conflict because they lack the ability to tolerate their underlying feelings of fear and vulnerability (Jennings & Murphy, 2000).

Exploring the connection between male identity issues borne out of the male socialization process and disrupted male-male relationships that creates other issues specific to male-female relationships is a new theory seeking to understand the roots of male violence against women. These male issues and lack of male-male relationships create deficits in emotional development, self-esteem, and the ability to relate to others,

leading to dysfunctional male-female relationships and ultimately resulting in the use of abuse and violence. If this theory has merit, there may be significant implications for improving current treatment programs for male batterers. Jennings and Murphy (2000) assert that a group treatment modality is the best option for male batterers adding that it is imperative for successful treatment outcomes. The authors state that "...the treatment group becomes a living workshop for addressing, challenging, and (re)building male-male relations and masculine identity" (Jennings & Murphy, 2000, p. 28).

The current study builds on the theory proposed by Jennings and Murphy (2000) that male identity issues and male-male alienation become displaced onto male-female relationships creating many issues such as jealousy, dependency, aggression, and lack of empathy. If this theory holds true, this study asks the question of whether the same male-male issues are related to various dimensions of romantic attachment.

Attachment Theory

Bowlby originated attachment theory with infants theorizing that early attachment had sociobiological implications and contributed to the development of an internal survival system (Sonkin & Dutton, 2003). Attachment relationships are based on internal models of relating that organize an individual's emotional and behavioral actions in intimate relationships. Attachment to a primary caregiver is governed by three principles: first, threat of any kind triggers a survival instinct to seek physical contact with the attachment figure in an effort to feel soothed. Second, once the attachment instinct is activated, physical contact with the attachment figure is the only means of terminating the anxious response. Third, when the attachment system has been activated

and the need for soothing is unmet, anger will result (Sonkin & Dutton, 2003). The resulting style of interacting with others can then be classified into a discrete attachment classification.

Attachment patterns or styles are the behaviors that signify the quality of the bond within a relationship. Attachment styles can be distinguished based on an individual's ability to experience the self in relation to others, modulate distress, and alter focus on the self, others, and the environment (Pistole, 1989). Hazan and Shaver (1987) expanded Ainsworth's explanation of attachment in infancy and early childhood, and discussed adult attachment behaviors in terms of three styles: secure, anxious/ambivalent, and avoidant.

Secure Attachment. Individuals with a secure attachment orientation view themselves as worthy of being loved and they generally believe others to be responsive and accessible (Satterfield & Lyddon, 1998). They are more interpersonally competent and able to form more effective relationships with others. They experience comfort with closeness and separation in relationships and have internalized positive views of self and other (Sauer, Lopez, & Gormley, 2003). Secure individuals are also generally more expressive, show greater selflessness, and less game playing in their relationships with others (Collins & Read, 1990). Pistole (1989) reports that securely attached individuals are more likely to use integrating and compromising strategies as a means of conflict resolution in their adult relationships. Securely attached individuals typically have adult relationships characterized by greater cohesion, satisfaction, happiness, trust, and friendship.

Insecure Attachment. Individuals with insecure attachment orientations have internalized a negative model of self and other, and feel anxiety and/or discomfort with closeness and separation in relationships (Sauer, Lopez, & Gormley, 2003). Insecure attachment styles have also been linked to feelings of loneliness, anxiety, depression, low self-esteem, and negative expressiveness (Hazan & Shaver, 1987). Hazan and Shaver (1987) discriminate between two insecure attachment styles: anxious/ambivalent and avoidant.

Individuals with an anxious/ambivalent attachment style have self-doubts about themselves, and feel misunderstood by others (Satterfield & Lyddon, 1998). They can be characterized as clingy, inconsistent, unpredictable, needy, and anxious and have ambivalent feelings about their relationships (Pistole, 1989). They are also more likely to have higher levels of conflict and typically rely on dominating strategies to achieve a sense of power and to resolve conflict with their partners. They typically have adult relationships characterized by jealousy, low levels of trust and satisfaction, preoccupation with their partner, and emotional highs and lows (Collins & Read, 1990).

Individuals with an avoidant attachment style can be characterized as self-reliant and emotionally distant due to their efforts to mask their feelings of insecurity and fear of intimacy with others (Pistole, 1989). They have low levels of interdependence, trust, relationship satisfaction, and commitment. They view others as being unable or unwilling to provide help or comfort. Individuals with an avoidant attachment also report higher levels of conflict in their relationships, yet tend to avoid addressing the conflict or trying to resolve it all together. They typically have adult relationships

characterized by feelings of vulnerability and distress when they feel emotionally attached to a significant other (Liotti, 1991). They may also be described as controlling, passive-aggressive, cool, and critical (Pistole, 1989).

Collins and Read (1990), who developed the Adult Attachment Scale (AAS), examined the correlates of adult attachment styles based on Hazan and Shaver's model using factor analysis. The authors found that the results did not provide three factors corresponding to the three attachment styles, but rather the three attachment dimensions underlying the styles. Thus, each of Hazan and Shaver's (1987) three attachment styles can be conceptualized in terms of three dimensions related to being with others: dependency, closeness, and anxiety (Collins & Read, 1990).

The dependency dimension measures the extent to which an individual feels that he/she can depend on their partner. This dimension assesses an individual's comfort with and belief that their partner will be available to them and can be depended on when needed. The closeness dimension assesses the degree to which an individual feels comfortable with the amount of closeness to their partner. This dimension includes the desire to seek and maintain close physical contact and intimacy with a partner. The anxiety dimension reflects an individual's fear and vigilance with regards to rejection or abandonment by their partner. This dimension includes an individual's expectation that their partner will be available and emotionally responsive when they are needed. This dimension was found to discriminate the anxious/ambivalent attachment group from the secure and avoidant attachment groups (Collins & Read, 1990).

Collins and Read (1990) used discriminant analysis to distinguish the three styles based on the three underlying dimensions. They found securely attached individuals show healthy adjustment on all three dimensions: they are comfortable with closeness, able to depend on others, and not fearful of abandonment or being unloved. An anxious/ambivalent individual shows comfort with closeness, moderate confidence in others' availability and dependability, but extreme fear and anxiety over being abandoned and unloved. An avoidant individual shows feelings of discomfort with closeness and intimacy, fear and doubt about others' dependability, and no fear or anxiety of abandonment. These three dimensions exemplify many of the themes that are central to an attachment system with the primary goal being felt security.

Bowlby observed young children separated from their mothers for the first time and witnessed a consistent behavioral phase: anger, despair, and detachment. This led to the conclusion that the primary function of anger was behavioral displays that would result in the return of the mother. Thus, anger is an attempt to bring the attachment figure close in order to soothe the tension and anxiety that is borne out of the fear of separation. Attachment theory is useful in understanding anger in interpersonal relationships in response to real or perceived separation from a partner. In adulthood, anger intended to keep the attachment figure close, actually may distance the attachment figure, i.e., a romantic partner. The resulting behavioral display may be violence driven by the anger intended to prevent a partner from leaving the relationship (Sonkin & Dutton, 2003). This theory of intimate partner violence is similar to the theory proposed

by Jennings and Murphy (2000) that anger drives violence in male-female relationships in order to prevent being abandoned by his primary source of connection.

While the literature is mixed on the stability of an individual's attachment orientation from childhood to adulthood, studies have shown that attachment may not be entirely resistant to change (Lawson, Barnes, Madkins, & Francois, in press; Travis, Binder, Bliwise, and Horne-Moyer, 2001). Such studies indicate that while previous relational interactions may guide expectations for future interactions in close relationships, these internal working models are not entirely stable. Given that this study seeks to discover contributing factors to intimate partner violence and discover ways to modify batterers' maladaptive styles of interacting with their partners, it is relevant to consider romantic attachment as potentially being altered following participation in group treatment.

Purpose of the Study

Exploration of male same sex relationships as a factor involved in intimate violence is a new area of research. Most research exploring male gender issues and same sex male relationships with partner violence has been done with male college students. Thus, exploring male-male relationships as an explanation for violence against women with a population of offenders is virtually new territory. This study proposes that examination of these male issues within a 15-week male batterers' treatment group will demonstrate that existence of intimate partner aggression has roots in inadequate male-male relationships. Further, investigating whether improving male-male relationships will have subsequent effects on male-female relationships and romantic

attachment has yet to be explored. This study seeks to discover whether promoting and improving male-male relationships over the course of treatment will have subsequent effects on their overall romantic attachment style and whether these issues are subject to change. Findings could have positive implications for treatment approaches with male partner abusers.

Research Questions

The current study was interested in answering the following questions:

- 1) Is Jennings and Murphy's (2000) theory of domestic violence that problematic male-female relationship issues can be traced to deficits in male-male relationships and male identity variables be evident in this study's sample of partner violent males?
- 2) Does Jennings and Murphy's (2000) theory of domestic violence extend to romantic attachment (dependency, jealousy, anxiety)?
- 3) Will changes be seen in the male identity variables (rigid sex role, hypermasculinity, and restrictive emotionality), male-female relationship variables (dependency, jealousy, aggression, and lack of empathy), male-male relationship variables (initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution), and romantic attachment dimensions (dependency, anxiety, and closeness) following participation in an all male anger management treatment group?
- 4) Are process measures (working alliance and group cohesion ratings) correlated to changes in the male identity variables (rigid sex role, hypermasculinity, and

restrictive emotionality), male-male relationships (initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution), and the male-female variables (dependency, jealousy, aggression, and lack of empathy)?

CHAPTER II

REVIEW OF THE LITERATURE

Male violence against women is a historically significant problem in society. While violence committed against males tends to be perpetrated by strangers and acquaintances, studies indicate that females are most likely to be victimized by intimate partners (Bachman & Saltzman, 1995). Previously, the majority of focus and attention is paid to the victim of violent behavior; however, research and treatment is beginning to focus more on the treatment of male perpetrators of violence given that the prevalence of intimate partner violence has far-reaching consequences for both the victim and the perpetrator. With the issue of partner violence continuing to be a disturbing societal problem, there is a need for closer examination of the factors involved in male violence against females.

Exploration in the field of partner violence has focused predominantly on the dysfunction and problems in male-female relationships, due to the overt display of male dominance in violence against females (Jennings & Murphy, 2000). However, with further exploration it may become evident that there are other motivating factors behind a man's use of violence. Current approaches to treatment do not appear to be comprehensive in addressing the many contributing factors to the use of violence. A new perspective on the problem of male-female violence may improve understanding of the issue and shed light on treatment interventions. This study seeks to explore a new theory of intimate partner violence proposed by Jennings and Murphy (2000) that claims the roots of domestic violence and disrupted male-female relationships lie in inadequate

male-male relationships. This theory will be discussed in detail as well as the possibility for improving treatment interventions based on tenets of this model. This paper will provide a background for common approaches to treating partner violent males and further outline a new integrated treatment approach being utilized in the current study.

Cognitive-Behavioral Treatment for Partner Violent Males

Cognitive-behavioral therapy (CBT) has been the treatment of choice for working with male batterers and has been shown to be an effective approach to working with this population (Lawson et al., 2001; Feldman & Ridley, 1995). CBT is a structured approach that focuses on teaching abusive males techniques and skills to curve the cycle of violence. The basic premises of cognitive-behavioral theory define dysfunction as having roots in maladaptive thoughts resulting in maladaptive behaviors. This cycle repeats itself until treatment can intervene and break the faulty pattern of thinking and behaving. CBT treatment models applied to male batterers primarily focus on psychoeducation, anger management, conflict containment, communication training, stress management, and self-awareness (Feldman & Ridley, 1995). Giving a male batterer a new range of tools to take into his relationship will initially reduce the frequency of violent interactions with his partner, thus laying a framework for the treatment process. Therapy then proceeds with teaching male batterers about the cycle of violence beginning with their awareness of the behavioral and situational cues that ignite their anger and lead to violent actions (Lawson, 2003). Instruction on how to implement time-out strategies and relaxation techniques follows to offer behavioral options to their typical violent responses. They are also taught about self-talk

emphasizing rational self-statements to correct and soothe their irrational thinking patterns that lead to their violent behavior. This strategy teaches them to monitor their maladaptive thinking patterns and slow down the process and escalation before it results in violent acts (Lawson, Dawson, Kiefer, Perez, Burke, & Kier, 2001).

Male batterers are also taught effective communication skills and ways to respond assertively versus aggressively in intense situations which normally leads to their use of violence. While anger is not regarded as negative or unacceptable, CBT helps batterers learn more constructive ways of expressing their anger, without taking away their experience. Additionally, teaching male batterers other nonviolent strategies to resolve conflicts, as well as accountability and empathy for their violent actions and the effects on their loved ones is pertinent to successful outcomes in therapy (Farley & Magill, 1988).

While CBT techniques do an excellent job of targeting the aggressive behavior and teaching new skills, other less direct targets are ignored. External factors also play an important role in the cycle of violence, such as self-esteem, family of origin relationships, cultural influences, lifestyle choices, jealousy, dependency and insecurity in their current relationship (Lawson, Dawson, Kiefer, Perez, Burke, & Kier, 2001). Similarly, other factors that contribute to violent behavior, such as insecure attachment, shame, and childhood witnessing or experiencing of abuse are also left unaddressed by a more educational, structured approach (Dutton, Saunders, Starzomski, & Bartholomew, 1994).

While it is important to focus on the content of the group in order to improve the dynamics of their male to female interactions, it is also vital to attend to the interpersonal and process dynamics taking place during each session. Promoting and encouraging interactions among members and attending to the members' immediate experience within the group can directly address their maladaptive ways of relating to others to bring an increased awareness that can be transferred to interpersonal relationships outside of therapy. The strict adherence to restructuring thoughts and changing behaviors of the CBT approach neglects these factors, as well as the interpersonal process of engaging in therapy. An integrated treatment approach could incorporate theories that would address these underlying factors and provide a more comprehensive treatment approach to effect positive outcomes. Lawson et al. (2001) found that an integrated feminist/cognitive-behavioral and psychodynamic approach to working with a group of male batterers resulted in a reduction in physical and psychological aggression towards their partners. This integrated approach is being used for the present study and will be discussed in further detail.

Partner abusers are a difficult population to induce positive and long-term changes (Lawson, 2003). While CBT treatment is more effective than no treatment, those who completed a cognitive-behavioral treatment group were found to be only slightly less likely to reoffend than noncompleters or those left untreated (Rosenfeld, 1992). Additionally, partner abuse recidivism rates average approximately 40% (Feldman & Ridley, 1995). These statistics seem to suggest that the current single factor theories of partner abuse are constructing treatment models that fail to produce reliable

effectiveness (Lawson, 2003). A more comprehensive model for understanding male perpetrated violence may offer insight into therapeutic interventions and treatment approaches that address the root of the problem. Jennings and Murphy (2000) propose a theory that explores male identity issues and a lack of same sex relationships as contributing factors to male violence against females.

Theories of Masculinity

Research has begun to investigate the relationship between masculinity and a male's use of violence in intimate relationships. Jennings and Murphy (2000) argue that the literature on masculinity and partner violence can be divided into three approaches: trait-psychopathology theory, feminist theory, and shame theory. It is from these three theoretical explanations of partner violence that the authors built their own theoretical explanation of male-female violence. Trait-psychopathology theory asserts that there are specific traits and personality types, i.e., borderline, antisocial, dependent, etc., that set batterers apart from nonviolent men (Jennings & Murphy, 2000). Other researchers have also begun to view male batterers as a heterogeneous group and test subtypes of batterers. Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart (2003) proposed a tripartite typology of batterers based on severity and frequency of violence, generality of violence, and psychopathology or personality disorders. From these dimensions they identified the following three types of batterers: family-only batterers, borderline/dysphoric batterers, and generally violent/antisocial batterers. The authors argue that individual traits and characteristics are theoretically linked to intimate partner violence. The feminist position holds that male domination starts at the societal level

and invades male-female relationships at the personal level. Feminist theory disagrees with trait-psychopathology theory arguing that blaming individual pathology releases men from the responsibility for abusing their partners. Feminists claim that all males are subject to cultural influences and gender pressures that must be changed to end female oppression (Jennings & Murphy, 2000).

Jennings and Murphy (2000) focus the majority of their efforts elaborating on shame theory indicating that male shame is at the core of the problem of male violence against women. Shame theory asserts that males are socialized to be strong, independent, and steadfast in order to gain the respect and admiration of others. Males learn from an early age that exhibiting characteristics such as sensitivity, vulnerability, and dependency will bring shame from others and reveal him as weak and powerless. The result is the adoption of traditional male stereotypes and behaviors, including the use of violence. Jennings and Murphy (2000) assert that “abusive men use anger and violence to counteract and repress their shame by “turning the table” on the shame eliciting person or event” (p. 22). Thus their anger and violent tactics empower them to regain the dominance in the relationship while defending against their internal shame.

Jennings and Murphy (2000) build on shame theory and incorporate humiliation to differentiate between self-induced shame and public humiliation. Shame and humiliation differ in the locus and function of the negative experience. Shame has a private, internal locus with the function being maintaining the attachment with a partner to protect his fragile ego. Humiliation has a public, external locus with the function being acceptance among peers and avoidance of negative social evaluation. Shame

originates within the person from inadequate self-esteem and insecurity. Conversely, humiliation is considered the public form of shame being a peer-based, social mechanism that creates problems in interpersonal relationships and male self-esteem.

The authors argue that male gender socialization is learned through both males and females. Learned masculinity through females is less restrictive and males are granted more freedom for expressing their emotionality and vulnerability without being subject to public shaming. However, interactions with male peers places strict boundaries on the range of acceptable behaviors and is a heightened arena for shaming. For young boys, the experience of being rejected or publicly humiliated is incredibly powerful and the effects on his self-esteem may be long lasting. Males learn that to avoid public humiliation and internal shame and preserve their self-esteem, they must adhere to traditionally normative male behaviors. These traditionally masculine attitudes and behaviors become an automatic protective exterior. The converse of such a defensive front is the obstruction to emotional expression and interpersonal connection, both with females and with males (Jennings & Murphy, 2000).

Male Identity Issues

Male socialization may lead to many male identity issues and may play an essential role in conceptualizing and understanding intimate partner violence. Jennings and Murphy (2000) make the argument for their theory that many male-male issues borne out of the male socialization process may characterize the traditional profile of a male batterer. Some of the issues they discuss include rigid sex roles, hypermasculinity, restrictive emotionality, and inadequate interpersonal relationships. The authors propose

that these issues develop due to their deficits in same sex relationships and are then displaced onto their female partners resulting in a host of problematic issues including dependency, jealousy, aggression, and lack of empathy. To date there have been no studies exploring this theory of intimate partner violence. However, there is empirical support for the relationship between such issues and a male's use of violence against a partner.

Rigid Sex Role

A rigid male sex role may be defined as adherence to rigid, sexist ideals and devaluation and violation of others (O'Neil, 1981). Rigid adherence to a traditional sex role is viewed as acceptable male behavior in that it serves to earn societal respect through the display of attributes such as strength, competitiveness, authority, and control. Moreover, rigid sex role stereotypes are strongly linked to open expression of emotions such as anger but not of emotions such as fear, hurt, sadness, and affection (O'Neil, 1981). Thus, any attempt to embrace or exhibit more feminine emotions or engage in intimate exchanges with others is restricted leaving males feeling confused and defensive. The result can be feelings of anxiety and insecurity, which are learned to be blunted by using anger as a defense.

Studies have shown that male's rigid sex roles have been correlated with negative attitudes about females (Robinson & Schwartz, 2004; Wade & Brittan-Powell, 2001). Moreover, many researchers have found a positive correlation between men's traditional sex role preferences and support of marital violence and the use of physical force towards their female partners (Bernard, Bernard, & Bernard, 1985; Finn, 1986;

Vaas & Gold, 1995). Jakupcak, Lisak, and Roemer (2002) studied masculine ideology and gender role stress in a sample of undergraduate males using multiple measures of masculinity including The Male Role Norms Inventory (MRNI) (Levant & Fischer, 1998), The Gender-Role Conflict Scale (GRCS) (O'Neil, Helms, Gable, David, & Wrightsman, 1986), and The Masculine Gender-Role Stress Scale (MGRS) (Eisler & Skidmore, 1987). The results did not confirm their hypothesis that masculine ideology would be a significant predictor of men's self-reported use of aggression and violence. The authors concluded that males may adhere to a traditional masculine ideology and still vary his behavior and dispositions across various situations. However, the authors did find that at higher levels of masculine ideology, gender role stress was predictive of aggression and violence. The authors concluded that traditional male beliefs may interact with the experience of gender role stress and increase the probability of using violence.

Research has shown that gender-role conflict and gender stress may result from adherence to a traditional masculine ideology (Eisler & Skidmore, 1987). Gender role conflict emerges when normative male behaviors are challenged in situations that are perceived as threatening or stressful (Eisler, Franchina, Moore, Honeycutt, & Rhatigan, 2000). Wade and Brittan-Powell (2001) showed that gender-role conflict is related to hostile attitudes towards women and sexual aggressiveness in a sample of undergraduate males using The Male Role Norms Inventory (MRNI) (Levant & Fischer, 1998). Jakupcak (2003) reported findings that threatened masculinity and gender-role stress was predictive of violence and aggression towards females in a sample of male undergraduates using The Masculine Gender-Role Stress Scale (MGRS) (Eisler &

Skidmore, 1987) and the Affect Control Scale (ACS) (Williams, Chambless, & Aherns, 1997). The author concluded that male violence was used as a means of avoiding emotional vulnerability and reasserting dominance and control in romantic relationships. Similarly, Schwartz, Waldo, and Daniel (2005) studied the relationship between gender-role conflict, self-esteem, and domestic violence in a sample of men in a court-mandated partner abuse treatment group. The results showed self-reports of high gender role conflict on the Gender Role Conflict Scale (GRCS) (O'Neil, et al., 1986) and low self-esteem on the Rosenberg Self Esteem Scale (RSE) (Rosenberg, 1965) were positively related to reported levels of physical abuse on The Conflict Tactics Scale (CTS) (Straus, 1979). The authors concluded that the findings supported theories that men use abuse and violence to gain power and control over their partners and manage threats to their masculine identity (Schwartz, Waldo, & Daniel, 2005).

Brooks-Harris, Heesacker, & Mejia-Millan (1996) sought to test whether men's traditional male attitudes as measured by Brannon's Masculinity Scale (BMS) (Brannon & Juni, 1984) could be changed using a psychoeducational treatment for attitude change with undergraduate males. The authors found that the attitude change treatment was successful in altering men's general attitudes about the traditional male role, including attitudes about status and success. The study also found that men's self-reported gender role conflict remained unchanged following treatment suggesting that some personal gender role attitudes are more ingrained, including fear of femininity. This study suggests that traditionally masculine attitudes and behaviors may not be entirely resistant to change.

Restrictive Emotionality

Adherence to rigid sex roles and traditional male attitudes and behaviors means avoidance of emotionality and vulnerability, which may lead to a complete disconnect from a man's inner emotional life. Jennings and Murphy (2000) assert that "...men can become imprisoned by the traditional male prohibitions against feelings, emotions, and vulnerability...and the long-term outcomes...become blunted emotional expression...and an inability to tolerate, discriminate, or label inner emotional experience" (p. 26). A male's restrictive emotionality may appear to his partner as withdrawal and disinterest, yet it is simply his primary means of coping with uncomfortable feelings and conflict situations (Jakupcak, Tull, & Roemer, 2005).

Jakupcak (2003) found in a sample of undergraduate males that men's self-reported fear and avoidance of both positive and negative emotions (i.e., love, happiness, anxiety, sadness) on the Affect Control Scale (ACS) (Williams, Chambless, & Aherns, 1997) was a significant predictor of self-reported levels of violence against their partners, even after accounting for masculine gender role stress on The Masculine Gender-Role Stress Scale (MGRS) (Eisler & Skidmore, 1987). The authors concluded that males may use violence not only to protect their masculine identity, but to avoid expressing their feelings and emotional vulnerability. Further research with a sample of undergraduate and graduate males showed that men's fear of emotions measured by the ACS was a significant predictor of overt hostility and expression of anger in intimate relationships after accounting for masculine ideology measured by the MGRS and The

Male Role Norms Scale (MRNS) (Thompson & Pleck, 1986) (Jakupcak, Tull, & Roemer, 2005). The authors concluded that their findings suggest that masculine gender role socialization contributes to the use of aggression by restricting emotional expression and/or hindering men's ability to tolerate feelings of vulnerability.

Similar research with an undergraduate male sample demonstrated that those males subscribing to a traditionally masculine identity as measured by the MRNS reported lower levels of affect intensity on the Affect Intensity Measure (AIM) (Larsen, 1984) than did less traditional men (Jakupcak, Salters, Gratz, & Roemer, 2003). The authors concluded that these findings supported the notion that men who are socialized to adopt more traditional male beliefs and attitudes would be expected to report less intense emotional reactions. It appears that most of the research on men and emotionality suggests that there is a correlation between men's restrictive emotional expression and their adherence to traditional masculine ideology. However, there have been no studies exploring issues of male emotionality with a sample of domestically violent males.

Hypermasculinity

Mosher and Sirkin (1984) developed a measure to assess hypermasculinity known as the Hypermasculinity Inventory. The authors insist that there are three components that make up the hypermasculine, macho personality constellation: (a) calloused sexual attitudes towards females, (b) violence as an assertion of masculinity, (c) and a view of danger as bringing excitement. The authors also assert that any situation that threatens their masculine identity will activate their hypermasculine

structure to engage in hypermasculine behaviors such as risk-taking, exploitative sexual acts, and/or violence.

The authors also state that hypermasculine behaviors manifest in interpersonal relationships such that males display cool and aloof self-confidence in constant preparation for any verbal or physical aggressive acts (Mosher & Sirkin, 1984). Moreover, Jennings and Murphy (2000) charge that male efforts to relate to other males typically revolve around primarily hypermasculine means of connection such as sports, cars, money, material possessions, bragging, or condemning homosexuality. Such superficial topics and methods of connection are used as safe ways to bond with other men. They perpetuate the traditional male gender role of being masculine and staying at the surface level rather than risking vulnerability or humiliation. In male-female relationships, hypermasculinity manifests as behavior such as physical aggression that serves to assert power and dominance in their interactions and uphold a masculine self-image (Parrott & Zeichner, 2003).

In a study with a sample of undergraduate males using the Hypermasculinity Inventory, hypermasculinity was shown to predispose males towards a greater risk of using physical violence against women (Mosher & Sirkin, 1984). Parrott and Zeichner (2003) studied the influence of hypermasculinity on physical aggression against women with undergraduate males using the Hostility Towards Women scale (HTW) (Check, 1985) and showed that higher levels of hypermasculinity placed males at high risk for physical aggression and violent acts against females. The authors concluded hypermasculinity is a contributing factor in male violence towards female partners.

Many studies have explored the relationship between hypermasculinity and sexual violence demonstrating a strong link between high levels of hypermasculinity and sexual aggression, future sexual coercion, and marital rape (Mosher & Anderson, 1986; Sullivan & Mosher, 1990; Vaas & Gold, 1995). However, few studies have explored the connection between hypermasculinity and physical violence against females leaving the relationship in need of further investigation.

Male-Male Relationships

Traditional male socialization embeds the above characteristically male attitudes and behaviors as the foundations of identity and self-esteem. However, it may also lead to disconnection and isolation from other males. The need for relatedness and connection to their male peers is still present, yet the fear of humiliation for expressing such desires outweighs the need for male relationships. Studies have shown that men's fear of being labeled as homosexual is a significant concern in the expression of affection to their male peers (Bank & Hansford, 2000; Jennings & Murphy, 2000; Morman & Floyd, 1998).

Morman and Floyd (1998) investigated expectations for appropriate male-male affection with a sample of undergraduate males using a measure they created to assess affectionate communication. They found that relational and contextual variables influenced men's expectations for affection towards other males. Results showed that affection was considered more appropriate among male-male siblings than male-male friends, and emotionally charged situations such as weddings and funerals were more appropriate for displaying affection towards other males than more neutral situations.

Due to the risks of humiliation and discomfort in seeking relationships with their same sex peers, men may seek the safer source of companionship with females and/or become socially isolated.

Schwartz, Waldo, and Daniel (2005) found support for Jennings and Murphy's (2000) claim that male abuse towards females may be rooted in their alienation from other males. The authors' results showed a connection between male isolation and restricted affection towards other males on the Restrictive Affectionate Behavior Between Men scale on the Gender Role Conflict Scale (GRCS) (O'Neil, et al., 1986) suggesting that their inability to develop emotional intimacy with other sources leads to increased dependence on their female partners. This study demonstrates partial support for Jennings and Murphy's (2000) theory that male-female problematic issues are grounded in male-male issues and disconnection.

Allen, Calsyn, Fehrenback, and Benton (1989) studied the interpersonal behaviors of a population of male batterers using the Fundamental Interpersonal Relationships Orientation Behavior Scale (FIRO-B) (Ryan, 1977) and found that male batterers tend to be socially isolated and emotionally inexpressive on both expressed and desired affection and inclusion from others as compared to a normative sample. They evidenced feelings of discomfort and caution about initiating and developing close relationships with others. The authors concluded that those males using violence against their partners may have difficulty in expressing their emotions and forming relationships with others.

Participation in an all male group offers men who ascribe to the above mindset a unique and different experience. Singleton (2003) used qualitative interview methods to explore the capacity for males to change the way they relate to other males in two relationally centered, Christian men's groups. The expectation for both groups was to promote participants to 'be real', be accountable, and enhance their spirituality by sharing about their lives with the other members. The author reported that participant accounts of their group involvement allowed them to "transcend traditional masculine modes of relating and form intimate and trusting relationships with other participants" (p.143). The author reported that contextual factors such as a safe environment for personal disclosure, versus challenging traditional masculine codes of behavior were important factors in the participants' accounts of experiencing relating to other males.

Jennings and Murphy (2000) state "The batterer's group is a safe place to be a person despite being a man" (p. 24). The need for hypermasculine behaviors or rigid sex role adherence is unnecessary in order to develop male-male relationships. For the first time, these men have the chance to be vulnerable, express their emotions, and show empathy in a safe environment without fear of being humiliated, ridiculed, or shamed. The expectation of this study is that through the group experience, the stringency of these issues will lessen allowing healthy male-male relationships to develop. Additionally, an increase in interpersonal functioning in same sex relationships should spread to their male-female relationships and potentially effect a change in their overall romantic attachment style.

Displacement onto Male-Female Relationships

Jennings and Murphy (2000) argue that traditional male socialization and deficits in male-male relationships are emotionally and behaviorally displaced onto their male-female relationships. The lack of interpersonal relations with other males leads these men to seek substitutes for male connection through their female partners. A male batterer's female partner bears the responsibility of fulfilling all his needs. Jennings and Murphy (2000,) state, "She is expected to be his lover, mother, best friend, confidante, social group, buddy, and sometimes even surrogate father—all rolled into one" (p. 24). Thus any threat of losing her is perceived as devastating. Such overreliance on their female partners manifests as dependency, jealousy, violence, and lack of empathy towards their partners (Jennings & Murphy, 2000).

Dependency

Males long for acceptance and connection with other males, yet the risks of expressing such longings would bring public humiliation and shame. The rejection and humiliation involved are not worth the risk, and thus the next best option for relating is their female partners. Females become the only safe outlet for the companionship they desire, thus leading to extreme dependency on her to meet all of his emotional needs. The resulting behaviors may be excessive clinging and emotional dependence. The investment in his partner is considerably high and the risk of losing her is tremendous, thus he will utilize whatever strategies he must to prevent her from abandoning the relationship (Jennings & Murphy, 2000).

Murphy, Meyer, and O’Leary (1994) compared physically abusive married men with nonabusive married men and found them to show higher interpersonal dependency on the Interpersonal Dependency Inventory (IDI) (Hirschfeld, Klerman, Gough, Barrett, Korchin, & Chodoff, 1977), higher spouse-specific dependency on the Spouse Specific Dependency Scale (SSDS) (Rathus & O’Leary, 1997), and greater fear of abandonment on the Adult Attachment Scale (AAS) (Collins & Read, 1990) than their nonviolent counterparts. The authors concluded that overreliance on a female partner leads to physical displays of violence and aggression to prevent losing the relationship. The authors did not find the two groups of men to differ significantly on levels of jealousy which the authors attributed to an inadequate jealousy measure.

Carney and Buttell (2006) explored pretreatment levels of interpersonal dependency in a group of violent males entering a 16-week structured, cognitive behavioral batterer intervention program. The authors were interested in determining if there would be a shift in the levels of interpersonal dependency upon completion of the group based on IDI. The authors found that these domestically violent males had elevated levels of interpersonal dependency on their partners as compared to a nonviolent comparison group. However, the authors found no relationship between interpersonal dependency and self-reported use of violence on the CTS in their sample. The authors suggested that their findings support the notion that all batterers have dependency issues and not just a specific type of batterer as reported in previous studies. The authors were also interested in the effectiveness of their psychoeducational program to effect changes in interpersonal dependency among completers of the group. The

findings suggested that their program was ineffective in altering levels of interpersonal dependency. The authors were discouraged by this finding yet acknowledged that the results did not evaluate the effectiveness of their program given that interpersonal dependency was a construct their program does not address. However, they acknowledged the trend towards a standard “one-size-fits-all” for batterer treatment programs makes the identification of constructs such as interpersonal dependency important for effective treatment interventions (Carney & Buttell, 2006). This study supports the argument that CBT intervention programs seem to ignore other indirect aspects of partner violence that are imperative to be addressed in order for treatment to be successful.

Holtzworth-Munroe, Stuart, and Hutchinson (1997) also found that violent husbands showed higher levels of dependency on the IDI and preoccupation with their partner than did nonviolent husbands. The authors also used the Interpersonal Jealousy Scale (IJS) (Mathes & Severa, 1981) and found violent husbands to display higher levels of jealousy and distrust in their marriage than nonviolent husbands. The excessive levels of dependency and jealousy become incredibly demanding on both parties in the relationship and may lead to increasingly desperate attempts such as expressed anger and violence to maintain the relationship.

Jealousy

Mathes and Severa (1981) created a measure to assess jealousy known as the Interpersonal Jealousy Scale, where they define jealousy as the negative emotion resulting from actual or threatened loss of a love due to a rival. With a male batterer's

female partner serving as his sole source of human connection, there is a constant preoccupation with the thought of losing her. Intense jealousy and possessiveness over his partner's availability and fidelity serves as a strategy to guard against his insecurities and fear of loneliness if he were to lose her to a male competitor. He remains on high alert of competition and the humiliation that would come with being cheated on or abandoned. The resulting jealous behavior is constant distrust and suspicion in order to maintain his one up position in the relationship. He will use tactics such as interrogating, accusing, snooping, demeaning, and hitting to keep his male ego in tact and his partner in fear of the repercussions of betraying him (Jennings & Murphy, 2000).

Barnett, Martinez, and Bluestein (1995) supported findings that maritally violent males were significantly more jealous than nonviolent males based on multiple dimensions of jealousy from various measures (i.e., sexual jealousy, chronic jealousy, and emotional overinvestment) in a sample of male batterers entering treatment; however, the maritally violent males did not differ on various measures of jealousy compared to nonviolent unhappily married males from a community sample based on reports of their marital satisfaction on the Locke-Wallace Marital Adjustment Test (SMAT) (Locke & Wallace, 1957). The authors reported limitations in the sample which may have contributed to the results, i.e., the nonviolent males, who were volunteers from the community, may not have wished to identify themselves as violent.

Eisler and colleagues (2000) found that men with high levels of masculine gender role stress as measured by The Masculine Gender-Role Stress Scale (MGRS) (Eisler & Skidmore, 1987) expressed more anger, irritation and jealousy on negative

affective questions, and endorsed the use of aggressive behaviors on the Conflict Tactics Scale (CTS) (Straus, 1979) than did men reporting low masculine gender role stress. Similarly, Holtzworth-Munroe and Hutchinson (1993) explored the hypothesis that maritally violent males identified on the CTS would attribute negative intent to their wives' negative behaviors. They found support for this hypothesis that situations involving jealousy, rejection from his wife, and public humiliation were problematic for violent males. These findings were similar to Holtzworth-Munroe and Anglin's (1991) findings that violent males showed less competent responses to vignettes depicting rejection from his wife and jealousy. The authors concluded that violent males will tend to aggressive or violent responses in situations where there is a perceived threat of rejection or abandonment by his partner.

Aggression

For a male batterer, aggression is a useful tool to reassert control and instill fear in a partner in order to prevent abandonment. It is also a source of increasing self-confidence when insecurities and vulnerabilities surface. Jennings and Murphy (2000) define anger as "...a shield, signaling that the man is, in truth, quite afraid, ashamed, or embarrassed" (p. 27). When the expression of anger and rage no longer serves to disable fear in his partner and prevent her from leaving, he feels he must intensify his means of protection ultimately leading to physical aggression and violence. Given that most males who use violence against women hold a rigid sex role definition, they expect violence to work the same way it does with their male peers. That is they expect females to respond as a weak male who backs down from a physical conflict. When their female

partners do not respond in a deferent manner, a male batterer feels he must escalate his anger and aggression to reestablish his dominance in the relationship (Jennings & Murphy, 2000).

Babcock, Waltz, Jacobson, and Gottman (1993) studied the relationship between marital communication patterns, power discrepancies, and the use of violence in a sample of married couples identified as unhappy and experiencing marital conflict based on the Conflict Tactics Scale (CTS) (Straus, 1979). The authors found that deficits in husband communication skills were related to an increased risk for violence against his wife based on the Behavioral Observation of Communication Skills (BOCS) and the CTS. Moreover, the authors reported that when husbands were in a less powerful position relative to his wife, the likelihood of violence increased even further. The authors concluded that when the “patriarchal social order” is challenged in a marriage, the use of physical aggression may seem like the only effective strategy for a husband to reassert his dominant position in the relationship (Babcock, Waltz, Jacobson, & Gottman, 1993). As can be seen from the studies cited in this chapter, a male’s use of violence has been linked with a multitude of problematic relationship issues. However, there have been no studies that have explored the relationship between male identity issues and problematic male-female relationship issues and intimate partner violence which this study seeks to explore.

Lack of Empathy

Following a male batterers’ use of violence, there is a subsequent lack of empathy for the female partner on the receiving end of the aggression because violence

is considered a useful tool to avoid other intense emotions and reestablish the status quo in the relationship. Given that male batterers may generally have a restricted range of emotional expression, they appear to lack empathy and remorse for their behavior. Jennings and Murphy (2000) assert that "...abusive men give the appearance of lacking empathy because they are so unpracticed in the use of emotions...[they] have lost touch with their inner emotional life, and they often devalue emotional experience as an impractical or uncomfortable nuisance" (p. 26). The authors continue to point to the long-term consequences of male gender socialization and the traditional beliefs and behaviors that block a male batterer's ability to identify, tolerate, or discriminate their inner emotional experience. Dutton (1995) asserts that batterers' are unable to articulate their needs and emotions in a nondestructive way due to the deficits in their emotional skills and confidence. He refers to their experience as emotional poverty.

Jakupcak (2003) found that with a population of male undergraduates, their reported fear of emotions on the Affect Control Scale (ACS) (Williams, Chambless, & Aherns, 1997) was a significant predictor of male violence against females. The authors concluded that these men are successful in their avoidance of experiencing or expressing emotions through their use of aggressive and violent outbursts. They fail to feel or express remorse or empathy for their violent actions because they learn that they can escape the experience of intense emotions through the use of violence. Dutton (1995) also asserts that male batterers show low levels of empathy and restrictive emotionality due to the shame they experience for accepting responsibility for their abusive actions.

Winters, Clift, and Dutton (2004) conducted an exploratory study of the relationship between male battering and emotional intelligence using the Emotional Quotient Inventory (EQ-i) (Bar-On, 1997) which is a measure of an individual's ability to cope with and adapt to the immediate environment. The EQ-i consists of six components based on research on emotional intelligence including Emotional Self-Awareness, Assertiveness, Empathy, Interpersonal Relationship, Stress Tolerance, and Impulse Control. The authors explored their hypotheses that domestically violent males should score lower on emotional intelligence, and that the relationship between emotional intelligence and abusiveness should be negative and significant in two populations of undergraduates and court-mandated assaultive treatment groups using the EQ-i and the Propensity for Abusiveness Scale (PAS) (Dutton, 1995). The results showed that male batterers did score significantly lower than the general population on all components of the EQ-i, suggesting that battering males show overall deficits in emotional intelligence and social functioning. The authors also found that scores for the two samples on the EQ-i were significant and negatively correlated with scores on the PAS suggesting deficits in emotional intelligence are correlated to an increased propensity to be abusive. However, on the Empathy subscale of the EQ-i, the authors found that low empathy scores were not correlated to the propensity for abusiveness. The authors concluded that this finding could reflect that batterers' are aware of their partner's feelings, yet their own anxiety, fear, and insecure attachments to their partners smothers their empathic responses. Their focus is on alleviating their own negative arousal and they thus ignore the emotional and physical consequences and pain they

have inflicted on their partners (Winters, Clift, & Dutton, 2004). The authors reported that the research on low empathy and domestic violence is anecdotal from therapists' accounts of working with violent males and it is still in need of empirical research.

The relationship between unfulfilling male-male relationships and negative male-female relationships is particularly complex yet, it appears that the two relationships are positively correlated. However, there have been no studies to investigate this theory of intimate partner violence and the relationship between male identity issues and the disruption in male-male relationships and the displacement onto male-female relationships. This study proposes that if superficial male-male interactions manifest into poor male-female relations, then improvement in male-male relationships will also improve their male-female relationships. This study also investigates the possibility that there may also be a relationship between male-male disconnection and romantic attachment style.

Romantic Attachment

Attachment theory, as developed by John Bowlby, can be conceptualized as the organized behavioral system that operates with the goal of maintaining proximity to a primary caregiver who provides safety and security from threat or harm (Bartholomew, 1990). The parent-child relationship is the most common prototype for future adult attachment relationships, with the early mother-child attachment relationship being most typical. The relationships have parallel features that deem them important: the desire for closeness, especially under stress, the sense of security from contact, and distress or protest due to threat of loss or separation (Hazan & Shaver, 1987). In childhood, secure

or insecure working models of attachment will develop based on the caregiver's responsiveness and availability to the child's needs and safety and comfort seeking behaviors (Satterfield & Lyddon, 1998).

The concept of attachment is often used loosely in the literature as a type of affectional bond an individual has with an important person in his or her life. However, by definition childhood attachment and romantic attachment are very different. Romantic attachment to a partner can be defined specifically as one's own positive or negative views about themselves and those they are romantically involved with (Liotti, 1991). The relationship exists to fulfill the needs of both partners. Conversely, childhood attachment relates more to the affiliation of a child to his or her primary caregiver. The child is attached to a caregiver to have their needs met, yet the caregiver may not be reciprocally attached to the child (Hazan & Shaver, 1987). Thus, the relationship between an attachment figure in childhood is not based on mutual give and take from both parties as is true in romantic attachment bonds. Moreover, childhood and romantic attachment in adulthood differ in that the attachment bond in childhood is to whoever is acting as the primary caregiver, whereas the attachment bond in adulthood is specific to a romantic partner (Hazan & Shaver, 1987).

Attachment and Intimate Partner Violence

A wealth of research has focused on the relationship between attachment and intimate partner violence. Attachment theory explains intimate partner anger as perceived unmet attachment needs from their partner which incites violent behavior. Specifically, research has consistently shown that violent males tend to have more

insecure attachment styles than nonviolent males (Babcock, Jacobson, Gottman, & Yerrington, 2000; Bookwala & Zdaniuk, 1998; Dutton, Saunders, Starzomski, & Bartholomew, 1994; Holtzworth-Munroe, Stuart, and Hutchinson, 1997; Tweed & Dutton, 1998). Insecurely attached individuals fail in their attempts to adequately regulate their affect, especially in stressful situations, and react to negative emotions with exaggerated behavioral responses.

Babcock, Jacobson, Gottman, and Yerrington, (2000) found that maritally violent husbands in a community sample evidence more insecure attachment than distressed non-violent husbands on the Adult Attachment Interview (AAI) (Main & Goldwyn, 1994). Holtzworth-Munroe, Stuart, and Hutchinson (1997) found similar results yet more of their sample was categorized as “cannot classify” in terms of attachment style using the Adult Attachment Scale (AAS) (Collins & Read, 1990). The authors contribute the findings to a more severely disturbed population of batterers in terms of affect regulation.

Kesner and McKenry (1998) also provided support for the role of attachment in explaining intimate partner abuse using a community sample of married and cohabitating couples. The authors found that violent males were more likely to be insecurely attached, primarily classified as a fearful attachment style using Bartholomew and Horowitz’s Adult Attachment Style Questionnaire (AAS) consisting of four vignettes. The authors state that the insecurity evidences as dysfunctional anger to maintain the security of the relationship which may lead to violence. Waltz, Babcock, Jacobson, and

Gottman (2000) found similar findings that violent husbands reported more insecure attachment styles on the AAS than non-violent husbands in a community sample.

Dutton, Saunders, Starzomski, and Bartholomew (1994) also showed anxiously attached and fearfully attached males in marital violence treatment groups to be significantly correlated with the frequency of verbal and physical aggression towards female partners based on the CTS and the Relationship Styles Questionnaire (RSQ) (Griffin & Bartholomew, 1994). The authors concluded that assaultive men may be more likely to experience anger and anxiety about their relationships and regulating the level of intimacy with their partners. It is evident that research consistently shows assaultive males to be classified as insecurely attached to their partners. This study seeks to explore whether these insecure attachment patterns will be altered after participation in treatment.

Attachment Stability

According to attachment theory, “stability is maintained through an active process of construction” (Scharfe & Bartholomew, 1994, p. 23). Thus, individuals may seek and process information and feedback that confirms their internal working models of themselves and others. However, when new information and feedback comes in that disconfirms their attachment beliefs, change can occur. An individual’s internal working model of attachment is updated and revised when faced with new and different experiences such that old, initial representations are “overwritten” (Fraley & Shaver, 2000, p. 147). Events such as significant romantic relationships, major life transitions or experiences, or involvement in psychotherapy can be expected to have significant effects

on altering an individual's attachment orientation. However, few studies have explored the possibility of change in attachment upon therapeutic intervention.

A recent study sought to examine the potential for changes in attachment patterns of assaultive males using a similar population of male batterers participating in a partner violence treatment group and utilizing the integrated approach used in the current study. The results indicated that there was a significant increase in the number of males who reported a more secure attachment orientation on the Adult Attachment Scale (AAS) (Collins & Read, 1990) following completion of the 15 week group. Moreover, further examination of the dimensions underlying each style, the authors reported that the secure-changed men were self-reporting greater comfort with closeness and depending on others. The sample as a whole also reported significant decreases in their use of violence based on the Conflict Tactics Scale (CTS) (Straus, 1979). The authors concluded that participation in the treatment group had an effect on the shift in some of the men into a secure attachment classification and that those men also reported the most positive treatment outcomes (i.e., decreased depression, anxiety, and increased overall psychological functioning) (Lawson, Barnes, Madkins, & Francois, in press).

Travis, Binder, Bliwise, and Horne-Moyer (2001) found similar results that clients involved in time-limited dynamic-psychotherapy (TLDP) showed significant dimensional changes in attachment from pretreatment to posttreatment using the Bartholomew Attachment Rating Scale (Bartholomew & Horowitz, 1991). The authors reported findings that the majority of the sample moved from an insecure to a secure attachment style and that the client group as a whole changed toward an increased secure

attachment. The authors concluded that the pre to posttreatment changes in levels of attachment suggest that there was some level of working through their relationship issues and the findings provided evidence for categorical and dimensional changes in attachment style.

Another study investigated the effectiveness of an attachment-focused group treatment program on insecurely attached undergraduate females identified on the Relationship Styles Questionnaire (RSQ) (Griffin & Bartholomew, 1994). The group was conducted over a 3-day weekend and addressed issues regarding relationships, such as interaction patterns, interpersonal skills, and increased self-awareness. The results showed that 6 months following completion of the group, half of the participants reported less fearful and more secure attachment patterns compared to a control group (Kilmann, Laughlin, Carranza, Downer, Major, & Parnell, 1999). The results of this study suggest that attachment dimensions and patterns may be subject to change following therapeutic intervention. Given that the current study seeks to discover contributing factors to intimate partner violence and discover ways to modify batterers' maladaptive styles of interacting with their partners, it is relevant to consider romantic attachment as potentially being altered following participation in group treatment.

Many studies support the notion that an insecure attachment orientation may contribute to violence in romantic relationships and that there is the possibility for a shift in attachment following treatment, yet few studies have empirically explored this possibility. Moreover, there have been no studies to date that explore same-sex male relationships in conjunction with romantic attachment style. This study proposes that

improving same-sex relationships and participating in group treatment for domestic violence may contribute to dimensional shifts in internal working models of attachment.

Process Variables

Other group dynamics and process variables will be helpful in interpreting findings related to male-male relationships. Group cohesion among members and the working alliance with the group leaders have been shown to impact the outcome of group participation (Taft, Murphy, Musser, & Remington, 2004; Brown & O'Leary, 2000). It is expected in this study that process variables such as group cohesion and the working alliance would be correlated to group outcome and other significant findings.

Group Cohesion

Group cohesion is described as feeling a sense of unity and purpose in which members of the group are able to work collaboratively and effectively together towards a common goal (Robbins, 2003). Strong cohesion among group members brings a positive atmosphere to the group setting, increased ability to embrace conflict, increased personal self-disclosure, and decreased resistance among members. In court-mandated treatment groups, cohesion may be neglected or avoided given that the group is serving as a punishment. Additionally, the members are prone to inconsistent attendance which may lead other members to feel resistant to develop relationships with other members due to the fear of abandonment (Robbins, 2003). Thus it is vital that group leaders recognize that cohesion among members is beneficial and an essential component to group therapy, even in involuntary, psychoeducational based groups.

Schwartz and Waldo (1999) examined Yalom's 11 therapeutic factors of group therapy and were surprised to find that among a psychoeducational style abuser group, cohesion was the third most prevalent therapeutic factor in the group. The authors concluded that abusive men will benefit from emphasis on their psychological development as well as issues of power and control against women. Such psychological development may include learning how to regulate their affective states and emotional experience, learning to label and express emotional experiences, and learning to express anger in nondestructive and nonviolent ways. In a study exploring the relationship between group cohesion, working alliance, and treatment outcome in a time-limited, structured cognitive-behavioral group for cardiac patients, the authors found that group cohesion with other members as reported on the Group Climate Questionnaire (GCQ) (MacKenzie, 1983) was indicative of reported posttreatment improvements in reducing anxiety, exhaustion, hostility and depression and improving quality of life (van Andel, Erdman, Karsdorp, Appels, & Trijsburg, 2003). It is expected that in the current study, strong group cohesion among members will be related to positive treatment outcomes and changes across therapy.

Working Alliance

The therapeutic relationship between the counselor and client is also an essential element of the counseling process (Satterfield & Lyddon, 1998). Known as the working alliance, the relationship between the therapist and client can be conceptualized as the bond between the two and their agreement on the goals and tasks of therapy (Bordin, 1979). There is also an extensive literature base demonstrating the relationship between

a strong therapeutic alliance and positive therapy outcomes across various treatment populations and modalities (Martin, Garske, & Davis, 2000).

Recently, studies with partner violent men have begun to show that the working alliance is predictive of treatment outcomes. Brown and O'Leary (2000) found that observer ratings of a husbands' first session working alliance on the Working Alliance Inventory (WAI) (Horvath & Greenberg, 1986) were indicative of posttreatment reductions in physical and psychological aggression using multiple measures to assess a range of physically and psychologically abusive behaviors. Additionally, Taft, Murphy, King, Musser, and DeDeyn (2003) found that among participants in a cognitive-behavioral treatment group for partner violent men, therapist working alliance ratings on the WAI predicted decreased levels of physical and psychological abuse on the CTS and the Multidimensional Measure of Emotional Abuse (MMEA) (Murphy & Hoover, 1999) 6 months following the end of treatment. Additionally, therapist working alliance ratings were also the greatest predictor of treatment outcome. These findings suggest that understanding of process factors, such as the working alliance as a mechanism of change can facilitate significant developments in interventions for partner violent men.

CHAPTER III

METHODOLOGY

Integrated Treatment Model

The very nature of a court-mandated domestic violence group lowers the initial interest, investment, and trust of the members. Additionally, the psychoeducational focus of most male batterer treatment programs often neglects the importance of group dynamics such as fostering relationships among members and attending to the interpersonal process of the group experience. The integrated treatment model being used in the present study proposed by Lawson et al. (2001) combines a feminist/cognitive-behavioral approach with psychodynamic components and the interpersonal processes of the group experience.

Psychodynamic elements of male batterer treatment programs provide the opportunity to explore the underlying contributing factors of their violent behavior. Lawson (2003) refers to such issues as self-esteem, jealousy, dependency, attachment styles, and distrust as indirect targets which are important issues that create conditions for their violent behavior. Their history of maladaptive ways of interacting and relating to others are covert aspects of their violent behavior and serve as a means of self-protection, yet may also result in isolation. In line with the social learning explanation of battering, psychodynamic theory looks underneath the introjected role of a male as a strong, emotionless leader, into the suppressed feelings of shame, isolation, powerlessness, anger and rage that have never been acknowledged or expressed (Browne, Saunders, & Staecker, 1997).

An interpersonal process approach to working with male batterers allows for relational styles to be directly addressed, explored, and reworked by way of the interaction between the client and therapist, as well as through interactions with other men in the group. The therapeutic setting offers a safe place to examine and modify the ways in which they relate to others, which may normally end in violence. The interpersonal process of group interactions brings a sense of immediacy into the group session, which can be therapeutic for the group members and bring a genuine, honest, and different feel to their normal ways of being with others (Travis, Bliwise, Binder, & Horne-Moyer, 2001). The goal for the therapist is to remain emotionally connected while not reacting defensively or withdrawing from a member's maladaptive eliciting style. This method of engaging allows therapists access to issues that are usually avoided such as shame, isolation, dependency, and fear of abandonment (Lawson, et al., 2001). When men are engaged on an intense affective level, they tend to be more open to cognitive and behavioral modifications (Lawson et al., 2001).

Wallace and Nosko (1993) assert that the co-leader pairing is the most powerful subsystem within the group as a whole. The research in male batterer treatment supports the use of a male-female dyad in order to model equal power and cooperation for both genders which allows for the male-female issues present in the members' relationships to be reenacted and processed within the group (Feldman & Ridley, 1995; Lawson, et al., 2001; Wallace & Nosko, 1993). Moreover, it allows for the men to receive feedback and interact with a credible, professional female regarding male-female issues and stereotypic behaviors. Additionally, the members' expectations of male-female

interactions can be challenged and directly addressed within the group (Wallace & Nosko, 1993).

These interpersonal processes and underlying issues often go unexplored and unchallenged in typical anger management treatment models adhering to a structured psychoeducational approach, yet it is a contributing part of the problem. An integrated approach allows for flexibility and tailoring of treatment interventions and discussion topics to the needs of the members

The format for treatment using the integrated approach proposed by Lawson et al. (2001) is a 15-week group program meeting weekly for 2 hour sessions. The group typically consists of 5-10 men per group. The coleaders are a male and female dyad of advanced counseling psychology doctoral students receiving weekly supervision. Primarily, each group focuses on a topic with half of the session focusing on content areas specific to partner abuser treatment programs such as interrupting violent patterns of responding, conflict containment, accountability, and anger management (Lawson et al., 2001). The other half of the session focuses more overtly on the interactional dynamics among group members, as well as interactions between members and the group leaders. This may involve acknowledging how each man's maladaptive relational style manifests in group, and addressing issues such as transference, attachment issues, and relational schemas. The content area topics are still focal yet they are addressed on a more emotional and interpersonal level. The shifting between content and process is less structured and more of a continual process and awareness of what is happening in the

moment. The two concepts (content and process) are not mutually exclusive and it is possible to simultaneously be focusing on both.

It is vital to strike a balance between challenge and support when working at an affective level to target the underlying relational schemas and attachment systems of male batterers. Once an emotional connection is created, a therapist has set the stage for processing issues such as shame, rejection, dependency and fear of abandonment. It is also important for a therapist to increase each member's awareness of how their relational style affects others. This includes calling attention to what he is doing and when he is doing it within the group, as well as the therapist not responding in a typical fashion to his eliciting style. This allows for his relational schema to be addressed, rethought, modified and corrected within the context of the trusting and supportive atmosphere of the group (Lawson et al., 2001).

Such an integrated approach to treatment with male partner abusers provides the opportunity to address some of the significant elements that are missing in many partner abuser treatment programs such as, social pressures, maladaptive relational dynamics, and insecure attachment orientations. Lawson et al. (2001) provided empirical support for this model but its effectiveness is still in need of further research support.

It has been my personal experience with the group treatment of male batterers and Jennings and Murphy (2000) make a similar claim, that the emotional reconnection with other males through the group experience is the most powerful and desired aspect of the treatment process for men. The closeness to other men and the safe environment to risk vulnerability without fear of humiliation goes beyond their expectations for

participation in the group, and allows for a rare opportunity to step from behind their hypermasculine persona and reveal oneself as a person.

Participants

Participants were 24 court-referred males in Bryan, TX on probation for an assault related offense against a female partner. 24 participants started the study and 3 were dropped due to excessive absences in the group, i.e., more than two absences. The participants ($n=24$) ranged in age from 22 to 55 ($M = 33.71$, $SD = 8.82$). Subjects' self-reported ethnicity was as follows: 41.7% ($n = 10$) Hispanic/Latino; 37.5% ($n = 9$) African-American; and 20.8% ($n = 5$) Caucasian. The participants reported their marital status as: 5 (20.8%) single/never married; 9 (37.5%) married; 2 (8.3%) separated; and 8 (33.3%) divorced.

Completion of a 15-week domestic violence/anger management group with weekly sessions was a requirement of their probation contract after referral from an initial structured intake to determine their appropriateness for the group. The initial intake was used to differentiate between the use of generalized violence and assault, and violence and assault specific to a female partner. The interview also attends to early relationship issues and gathers an in-depth history of the male's previous legal history, instant offense, occupation, education, violent behavior (as perpetrator and victim), past and current intimate relationships, trauma, family-of-origin experiences, and alcohol and substance use. The appropriate referral was then made to either a general all male anger management group, or the all male domestic violence/anger management group used in the current study.

Permission was obtained from the probation department before requesting participant involvement in the study. As an incentive, participants were compensated with two community service hours in exchange for their participation in the study. The amount of credit was established by the probation department. No deception or coercion was used, resulting in minimal risks to participants in the study.

Measures

Male Identity Variables

The Male Role Norms Inventory (MRNI) (Levant & Fischer, 1998) is a widely used instrument in the literature and is designed to assess attitudes toward traditional masculine ideology. In the present study, the MRNI was used to measure restrictive emotionality, rigid male sex role, and violence/aggression. The MRNI consists of 58 items and takes approximately 15 to 20 minutes to complete. Each item is rated on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The MRNI consists of eight subscales: (a) Avoidance of Femininity (7 items; e.g., “A man should avoid holding his wife’s purse at all times”), (b) Homophobia (4 items; e.g., “A man should not continue a friendship with another man if he finds out that the other man is homosexual”), (c) Self-Reliance (7 items; e.g., “Men should always be realistic”), (d) Aggression (5 items; e.g., “Boys should be encouraged to find a means of demonstrating physical prowess”), (e) Achievement/Status (7 items; e.g., “A man should do whatever it takes to be admired and respected”), (f) Attitudes Toward Sex (8 items; e.g., “It is important for a man to be good in bed”), (g) Restrictive Emotionality (7 items; e.g., “A man should never reveal worries to others”), and (h) Non-Traditional Attitudes Toward

Masculinity (12 items; e.g., “When physically provoked, men should not resort to violence”). A Total Traditional Scale can also be calculated as the total of all the subscales except for the Non-Traditional Attitudes Toward Masculinity subscale. The MRNI is additive in design with no items being reverse scored. Higher scores on each subscale indicate greater adherence to the traditional masculine norms measured by each scale.

Levant and Fischer (1998) reported internal consistency of 0.928 for the MRNI, indicating satisfactory reliability on the scale as a whole. Cronbach’s alpha scores for the MRNI subscales are as follows: Avoidance of Femininity, 0.77; Homophobia, 0.54; Self-Reliance, 0.54; Aggression, 0.52; Achievement/Status, 0.67; Attitudes Toward Sex, 0.69; Restrictive Emotionality, 0.75; Non-Traditional Attitudes Toward Masculinity, 0.57; and the Total Traditional Scale, 0.84 (Levant, Wu, & Fischer, 1996). The discriminant and convergent validity for the MRNI was demonstrated using correlations with other similar and distinct measures. The MRNI showed satisfactory convergent validity with the Masculine Gender Role Stress Scale (MGRSS; Eisler & Skidmore, 1987), and the Gender Role Conflict Scale (GRCS; O’Neil, Helms, Gable, David, & Wrightsman, 1986). The MRNI also showed satisfactory discriminant validity with the Personal Attributes Questionnaire (PAQ; Spence, Helmreich, & Stapp, 1974) which measures gender role orientation. The construct validity of the MRNI showed three factors: Factor 1, consisting of 5 subscales which measure aspects of the male role norm; Factor 2 consisting of the Self-Reliance subscale; and Factor 3 consisting of the Aggression subscale (Levant, Hirsch, Celentano, & Cozza, 1992).

The Auburn Differential Masculinity Inventory (ADMI) (Burk, Burkhart, and Sikorski, 2004) is a 60-item measure designed to measure exaggerated masculinity and takes approximately 15 to 20 minutes to complete. In the present study, the ADMI was used to measure hypermasculinity and dominance/aggression. Each item is rated on a 5-point Likert scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). The ADMI consists of five subscales: (a) Hypermasculinity (17 items; e.g., “I consider men superior to women in intellect”), (b) Sexual Identity (14 items; e.g., “I think it’s okay for men to be a little rough during sex”), (c) Dominance and Aggression (18 items; e.g., “If I had a son I’d be sure to show him what a real man would do”), (d) Conservative Masculinity (14 items; e.g., “I like to be the boss”), and (e) Devaluation of Emotions (5 items; e.g., “I think men who show they are afraid are weak”). The ADMI is additive in design with 5 items being reverse scored. The ADMI yields a total score indicating the degree of endorsement of hypermasculine behaviors and beliefs and subscale scores with higher scores indicating a greater degree of endorsement of the scale construct being measured.

The ADMI demonstrated adequate reliability alpha scores ranging from 0.85 to 0.73 (Burk, Burkhart, & Sikorski, 2004). Convergent and discriminant validity was determined for the ADMI through comparison with the Hypermasculinity Inventory (HMI) (Mosher & Sirkin, 1984) which was designed to measure respondent’s endorsement of hypermasculine beliefs and attitudes. Factor loadings between the ADMI and the HMI reflect that the ADMI offers additional information regarding hypermasculine behavior not contained in the HMI, including hostile sexuality, interpersonal control, and devaluation of emotional expression (Burk, Burkhart, &

Sikorski, 2004). The ADMI was also shown to display adequate convergent validity with other measures which were known to have a positive correlation with the construct of hypermasculinity including, The Antisocial Practices Scale (APS), Hostility Towards Women Scale (HTW), Sensation Seeking Scale (SSS), and the Balanced Emotional Empathy Scale (BEES) (Burk, Burkhart, & Sikorski, 2004).

Male-Male Relationships

The Interpersonal Competency Questionnaire-Revised (ICQ-R) (Buhrmester, Furman, Wittenberg, & Reis, 1988) is a 40-item instrument measuring various domains of interpersonal competence and taking approximately 15 to 20 minutes to complete. In the present study, the ICQ-R was used to measure various dimensions of forming and maintaining relationships with other males. Each item is rated on a 5-point Likert scale ranging from 1 (*poor at this*) to 5 (*extremely good at this*). The ICQ-R consists of five subscales: (a) Initiating Relationships (8 items; e.g., “How good are you at asking someone new to do things together like go to a ball game or a movie?”), (b) Providing Emotional Support (8 items; e.g., “How good are you at being able to make others feel like their problems are understood?”), (c) Asserting Influence (8 items; e.g., “How good are you at sticking up for yourself?”), (d) Self-Disclosure (8 items; e.g., “How good are you at opening up and letting someone get to know everything about you?”), and (e) Conflict Resolution (8 items; e.g., “How good are you at controlling your temper when having a conflict with someone?”). The ICQ-R is additive in design, with no items being reverse scored, and higher scores on each subscale indicating greater competence in each scale’s dimension.

The ICQ-R showed internal consistency reliabilities ranging from 0.77 to 0.87 (Buhrmester, Furman, Wittenberg, & Reis, 1988). The authors studied the levels of competence by sex of the subject and sex of the partner and found males to report greater competence when interacting with a same-sex friend versus a romantic partner. Additionally, test-retest reliability correlations for the five subscales were Initiating Relationships, $r = 0.89$, Providing Emotional Support, $r = 0.76$, Asserting Influence, $r = 0.79$, Self-Disclosure, $r = 0.75$, and Conflict Resolution, $r = 0.69$ (Buhrmester, Furman, Wittenberg, & Reis, 1988). Correlations between the Dating and Assertiveness Questionnaire (DAQ) (Levenson & Gottman, 1978) and scales of the ICQ-R related to dating skills and assertion (Initiating Relationships, Self-Disclosure, and Asserting Influence) were shown to be strongly related. Convergent validity was also demonstrated between the ICQ-R and the Social Skills Inventory (SSI) (Riggio, 1986) designed to measure verbal and nonverbal social communication skills. Additionally, the ICQ-R was shown to capture most of what is assessed by the Texas Social Behavior Inventory (TSBI) (Helmreich & Stapp, 1974) designed to measure social self-esteem (Buhrmester, Furman, Wittenberg, & Reis, 1988).

Male-Female Variables

The Interpersonal Dependency Inventory (IDI) (Hirschfeld et al., 1977) is a 48-item instrument that assesses for interpersonal dependency and takes approximately 15 to 20 minutes to complete. In the present study, the IDI was used to measure dependency on a female partner. Each item is rated on a 4-point Likert scale ranging from 1 (*not characteristic of me*) to 4 (*very characteristic of me*). The IDI consists of

three subscales including (a) Emotional Reliance on Another Person (ER) which is the degree and intensity of a relationship to another person (18 items; e.g., “The idea of losing a close friend is terrifying to me”), (b) Lack of Social Self-Confidence (LSS) which is an individual’s relationship to people in general (17 items; e.g., “In social situations I tend to be very self-conscious”), and (c) Assertion of Autonomy (AUTO) which is the degree to which an individual is indifferent to or independent of the evaluation of other people (14 items; e.g., “I don’t need other people to make me feel good”). The IDI is additive in design with 3 items being reverse scored; higher scores on the ER and AUTO scales indicate greater reliance and more autonomy, and higher scores on the LSS scale indicate less self-confidence. Computing the total between the three subscales and subtracting the AUTO scale from the total between the ER and LSS scales, yields a total score on the IDI with higher scores indicating greater interpersonal dependence (Murphy, Meyer, & O’Leary, 1994).

The three subscales, ER, LSS, and AUTO, demonstrated reliability coefficients of 0.85, 0.72, and 0.76, respectively (Bornstein, 1994). The author also reports retest reliability over 17-weeks for the IDI with correlations ranging from .61 to .85; similar reliabilities were found over an 84-week interval suggesting that the IDI retest reliabilities do not change significantly as interval lengthens from 16 to 84 weeks (Bornstein, 1997). The IDI has demonstrated a positive relationship between depression and anxiety symptoms and dependency scores, between objective and projective measures of dependent personality disorder symptoms, and between other measures of dependency, supporting its construct and convergent validity (Bornstein, 1994).

The Interpersonal Jealousy Scale (IJS) (Mathes & Severa, 1981) is a 27-item measure assessing jealousy specific to a romantic partner and taking approximately 10 to 15 minutes to complete. In the present study, the IJS was used to measure male jealousy over a female partner. Each item is rated on a 9-point Likert scale ranging from 1 (*absolutely false*) to 9 (*absolutely true*) with items assessing jealousy over a partner in various situations (e.g., “If *my partner* were to help someone of the opposite sex with their homework, I would feel suspicious”). The IJS is additive in design with 7 items being reverse scored. A total score can be computed with higher scores indicating increasing levels of jealousy.

The IJS has a high internal reliability coefficient of 0.92, and it has been shown to have a high correlation with romantic love and dependency and a low correlation with social desirability (Mathes & Severa, 1981). The IJS was also found to be correlated with the behavioral measures of threat when confronted by a rival and possessiveness toward their partner, indicating further support for the instruments validity (Mathes, Phillips, Skowran, & Dick, 1982). Mathes and Severa (1981) also report evidence of construct validity for the IJS following a study testing correlations with the IJS and various beliefs regarding jealousy, including romantic love, insecurity, low self-esteem, and merging identities. The study found significant correlations with each factor suggesting the construct validity of the measure.

The Interpersonal Reactivity Index (IRI) (Davis, 1980) is a 28-item measure of empathy taking approximately 10 to 15 minutes to complete. In the present study, the IRI was used to measure empathy towards a female partner. Each item is rated on a 5-

point Likert scale ranging from 1 (*does not described me well*) to 5 (*describes me very well*). The IRI consists of four subscales: (a) Perspective Taking (PT) measuring abilities to adopt others' perspectives (7 items; e.g., "I try to look at everybody's side of a disagreement before I make a decision"), (b) Empathic Concern (EC) measuring compassionate feelings towards others in distress (7 items; e.g., "I often have tender, concerned feelings for people less fortunate than me"), (c) Personal Distress (PD) measuring anxiety and discomfort resulting from observing negative experiences of others (7 items; e.g., "I sometimes feel helpless when I am in the middle of a very emotional situation"), and (d) Fantasy (FS) measuring the tendency to identify with characters in movies or plays (7 items; e.g., "I daydream and fantasize, with some regularity, about things that might happen to me"). The IRI is additive in design with 9 items being reverse scored; scoring yields a total score for each of the four subscales and an overall empathy quotient by summing the PT, FS, and EC scales and subtracting the PD scale.

Two higher order factors emerged when examining the relationship between factors and variables, a general empathy factor and an emotional control factor. The Empathic Concern, Fantasy, and Perspective Taking scales all corresponded to the traditional definition of empathy. The Personal Distress scale was not related to the general empathy factor and instead emerged on the second factor with Perspective Taking as well (Pulos, Elison, & Lennon, 2004). The authors suggest that a sum of the EC, PT, and FS scales may be useful in grasping the notion of empathy. The IRI subscales PT, EC, PD, and FS were found to have reliability coefficients of 0.79, 0.80,

0.75, and 0.82, respectively (Davis, 1980). The IRI demonstrated adequate convergent validity with the Empathy Quotient (EQ) (Baron-Cohen & Wheelwright, 2004) designed to measure empathy and be sensitive to a lack of empathy as a feature of psychopathology in clinical populations. The IRI was also shown to be highly correlated with the Hogan Empathy Scale (HES) (Hogan, 1969) designed to measure the cognitive element of empathy, and the Questionnaire Measure of Emotional Empathy (QMEE) (Mehrabian & Epstein, 1972) designed to measure the emotional element of empathy. The IRI was determined to encompass both cognitive and emotional aspects of empathy (Alterman, McDermott, Cacciola, & Rutherford, 2003).

Romantic Attachment

The Adult Attachment Scale (AAS) (Collins & Read, 1990) is an 18-item measure and takes approximately 10 to 12 minutes to complete. The AAS is the most widely used measure of adult romantic attachment in the literature. In the present study, the AAS was used to measure various dimensions of romantic attachment toward a female partner. Each item is rated on a 5-point Likert scale, ranging from 1 (*not at all characteristic of me*) to 5 (*very characteristic of me*). The AAS consists of three subscales based on Hazan and Shaver's (1987) three attachment classifications: (a) Depend scale measures the ability to rely on or trust others (6 items; e.g., "I find it difficult to allow myself to depend on others"), (b) Anxiety scale measures the fear of abandonment (6 items; e.g., "I am nervous when anyone gets too close"), and (c) Close scale measures comfort with intimacy (6 items; e.g., "My desire to merge sometimes scares people away"). The AAS is additive in design with 8 items being reverse scored;

higher scores on each subscale reflect greater dependency on others, greater anxiety over abandonment, and greater comfort with intimacy.

Collins and Read (1990) report Cronbach's alpha coefficients as follows: Depend scale (0.75), Close scale (0.69), and Anxiety scale (0.72). The AAS has reported test-retest reliability of 0.68 for the Depend scale, 0.71 for the Anxiety scale, and 0.52 for the Close scale. Additionally, Collins and Read (1990) report extensive construct validity for the AAS. The AAS demonstrated adequate convergent validity in being predictive of many intrapsychic processes, including affect regulation, emotion-elicitation, and attachment-related memories, and relational behavior, including self-disclosure, and reliance on an attachment figure in a time of stress. The AAS has shown discriminant validity in being independent of attributes such as intelligence, relationship satisfaction, and personality factors (Shaver, Belsky, & Brennan, 2000).

Group Cohesion

The Group Climate Questionnaire – Short Form (GCQ-S) (MacKenzie, 1983) is a 12-item questionnaire, shortened from the original 32-item long form, and takes approximately 5 to 7 minutes to complete. In the present study, the GCQ-S was used to assess the perceptions of the group's therapeutic environment by each individual group member. Each item is rated on a 7-point Likert scale ranging from 0 (*not at all*) to 7 (*extremely*). There are three subscales: (a) Engaged, measuring the degree of cohesion (5 items; e.g., "The members liked and cared about each other"), (b) Avoiding, measuring avoidance of responsibility by members (3 items; e.g., "The members avoided looking at important issues going on between themselves"), and (c) Conflict,

measuring interpersonal conflict and distrust (4 items; e.g., “There was friction and anger between the members”). The scores for each subscale are calculated by averaging the items, with no items being reverse scored, and greater scores indicating higher levels of the dimension being measured by that scale.

The GCQ-S reported alpha coefficients for the three subscales ranging from 0.88 to 0.94. The correlations between the three scales were $r = 0.96$ for the Engaged subscale, $r = 0.93$ for the Avoiding subscale, and $r = 0.89$ for the Conflict subscale, suggesting the same underlying constructs as originally represented in the GCQ-L (MacKenzie, 1983). Previous studies have demonstrated support for the construct validity of the GCQ-S by exploring climate differences in many types of groups and leadership styles.

Working Alliance

The Working Alliance Inventory – Short Form (WAI –S) (Horvath & Greenberg, 1989) is a 12-item measure and consists of both a client and a counselor version, each taking approximately 5 to 7 minutes to complete (Horvath & Greenberg, 1989). In the present study, the WAI-S was used to assess both client and counselor perceptions of the working alliance within the group. The WAI-S is rated on a 7-point Likert scale ranging from 1 (*never*) to 7 (*always*). The WAI-S is based on Bordin’s pantheoretical model and consists of three subscales: bonds (4 items; e.g., “I feel that my therapist/client appreciates me”), goals (4 items; e.g., “My therapist/client and I are working towards mutually agreed upon goals”), and tasks (4 items; e.g., “My therapist/client and I agree about the things I will need to do in therapy to help improve my situation”) as conceptualizing working alliance. The WAI-S is additive in design with 2 items being

reverse scored, resulting in subscale scores and a total score with higher scores reflecting stronger working alliances and more positive perceptions (Horvath & Greenberg, 1989).

The WAI-S has reported internal consistency based on Cronbach's Alpha with 0.93 for the client version and 0.87 for the counselor version. The internal consistency estimates for the subscales ranging from 0.85 to 0.88 for the client version and 0.68 to 0.87 for the counselor version. The test-retest reliability ranges from 0.66 to 0.74 (Horvath & Greenberg, 1989). Additionally, the validity of the WAI-S has been established through significant correlations between WAI-S ratings and counseling outcome, client characteristics, and therapist technical activity (Horvath & Greenberg, 1989).

Session Evaluation Questionnaire

A session evaluation questionnaire was created and administered at the end of each of the 15 sessions in order to rate the participants perceptions of each session. The questionnaire consists of 10-items rated on a 6-point Likert scale ranging from 1 (*not at all true*) to 6 (*very true*) and takes approximately 3 minutes to complete. The questionnaire consists of items assessing the participant's perception of their participation in the session (e.g., "I feel like I talked a lot in this session"), their reactions to the content of the session (e.g., "I like what we did in this session"), their emotional reactions to the session (e.g., "This session was memorable for me"), their feelings of connection to the other group members during the session (e.g., "I was able to relate to other members on a personal level during this session"), and their feelings of support from each of the group leaders during the session (e.g., "I felt like [the group leader]

showed a genuine interest in me during this session”). The session evaluation questionnaires were used as a process measure to evaluate each session and track the group member’s feedback of treatment interventions and critical incidents throughout the group.

Procedure

The Texas A&M University Counseling Psychology Program worked in conjunction with the local probation department, the Bryan Social Services Unit, to provide group therapy using an integrated approach to males on probation for an assault related offense against a female partner. The groups were 15-weeks with weekly sessions run by doctoral students receiving weekly supervision as part of an ongoing research team project at Texas A&M University. The ongoing research team was headed by David Lawson, Ph.D., and was designed to provide an opportunity for doctoral students to acquire insight into working with the criminal population as well as gain experience running therapy groups.

Participants were informed of the nature of the study and asked to sign a consent form before completing the measures during the first group session (see Appendix A). Participants were informed that they will be compensated with two community service hours if they chose to participate in the study. Participants were told that the assessment materials would be numerically coded to maintain their confidentiality and to ensure that the pre and post test materials match. They were informed that there would be a list of participant names with the corresponding code for that participant's assessment materials which would be destroyed at the end of the group. Participants were also assured that

their names would not be included in the data set. Participants placed their names only on the consent form, which was separate from the assessment materials. Participants were also informed that their decision whether to participate in the study would not affect the terms of their probation contract.

Upon explanation of the study and participant's signing the informed consent document, the participants completed the pretreatment assessment instruments: the Male Role Norms Inventory (MRNI), the Auburn Differential Masculinity Inventory (ADMI), the Interpersonal Competency Questionnaire-Revised (ICQ-R), the Interpersonal Jealousy Scale (IJS), the Interpersonal Dependency Inventory (IDI), the Interpersonal Reactivity Index (IRI), the Adult Attachment Scale (AAS), and the session evaluation questionnaire. Demographic information was collected via participants' self report and police/probation reports. The same measures were also completed during the last session of the group (session 15). During sessions 3, 8, and 13 the Working Alliance Inventory – Short Form (WAI-S) and the Group Climate Questionnaire – Short Form (GCQ-S) were completed. Participants also completed the standard session evaluation questionnaire at the end of each group session.

CHAPTER IV

RESULTS

Pretreatment Correlations

A series of bivariate correlations were conducted between the deficits in male-male relationships and the other constructs (male identity variables, male-female relationships, and romantic attachment) to determine the pretreatment relationships among the constructs. In addition, these correlations will also address the first two hypotheses to explore if Jennings and Murphy's (2000) theory of domestic violence was supported with this sample of partner violent males and if their theory extended to romantic attachment.

Deficits and Male Identity Variables

Table 1 presents correlations between the male identity variables and deficits in male-male relationships. Of the male identity variables, there were no statistically significant correlations between hypermasculinity or rigid sex roles and any of the deficits in male-male relationships. With respect to the male dimension of restrictive emotionality, there was a statistically significant relationship with initiating relationships ($r = .58, p < .01$) as well as asserting influence ($r = .45, p < .05$). Thus, men with restrictive emotionality were more likely to initiate relationships and assert influence, indicating that regardless of their ability to be emotionally expressive they are still able to initiate relationships and assert their influence in those relationships.

Table 1
Pretreatment Correlations of Male Identity Variables with Variables
Representing Deficits in Male-Male Relationships

Deficits in Male-Male Relationships ^a	Male Identity Variables		
	<u>Hypermasculinity</u> ^b	<u>Rigid Sex Roles</u> ^c	<u>Restrictive Emotionality</u> ^c
Initiating Relationships	0.22	0.19	0.58**
Providing Emotional Support	-0.25	0.21	0.26
Asserting Influence	0.09	0.30	0.45*
Self-Disclosure	-0.16	0.05	0.26
Conflict Resolution	-0.25	0.04	0.10

*p < .05 **p < .01. N = 24

- a. Deficits in Male-Male Relationships measured by The Interpersonal Competency Questionnaire – Revised (ICQ-R; Buhrmester, Furman, Wittenberg, & Reis, 1988) five subscales initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution.
- b. Hypermasculinity measured by The Auburn Differential Masculinity Inventory (ADMI; Burk, Burkhart, and Sikorski, 2004) total hypermasculinity scale.
- c. Rigid Sex Roles and Restrictive Emotionality measured by The Male Role Norms Inventory (MRNI; Levant & Fischer, 1998) total traditional scale and restrictive emotionality subscale, respectively.

Deficits and Male-Female Relationship Variables

Table 2 presents the correlations of the deficits in male-male relationship variables with the male-female relationship variables. There was a statistically significant relationship between lack of empathy and self-disclosure, ($r = .50, p < .05$), suggesting that greater self-disclosure was associated with more empathy. No other correlations were statistically significant; however, there were moderate positive relationships between dependency and both providing emotional support ($r = .33$) and self-disclosure ($r = .30$), which is consistent with the relationship found between self-disclosure and greater empathy.

Deficits and Romantic Attachment

Table 3 presents the correlations between the male-male relationship variables and the romantic attachment variables. Being higher in dependent romantic attachment was statistically significantly related to higher levels of providing emotional support ($r = .43, p < .05$) and self-disclosure ($r = .48, p < .05$). Higher closeness scores were associated with higher ratings in the initiating relationships variable ($r = .49, p < .05$). Although not statistically significant, there were also moderate correlations between closeness and asserting influence ($r = .39$) and self-disclosure ($r = .40$). Higher levels of anxiety were not reliably associated with any deficits in male-male relationships.

Table 2
Pretreatment Correlations of Variables Representing Deficits in
Male-Male Relationships with Male-Female Relationship Variables

Deficits in Male-Male Relationships ^a	Male-Female Relationship Variables				
	<u>Jealousy</u> ^b	<u>Dependency</u> ^c	<u>Lack of Empathy</u> ^d	<u>Aggression</u> ^e	<u>Dominance & Aggression</u> ^f
Initiating Relationships	-0.22	-0.01	0.16	0.07	0.25
Providing Emotional Support	-0.14	0.33	0.36	0.08	-0.25
Asserting Influence	-0.06	-0.21	-0.20	0.26	0.20
Self-Disclosure	-0.23	0.30	0.50*	-0.04	-0.13
Conflict Resolution	0.13	0.03	-0.10	-0.03	-0.24

*p < .05 **p < .01. N = 24

a. Deficits in Male-Male Relationships measured by The Interpersonal Competency Questionnaire – Revised

(ICQ-R; Buhrmester, Furman, Wittenberg, & Reis, 1988) five subscales initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution.

b. Jealousy measured by The Interpersonal Jealousy Scale (IJS; Mathes & Severa, 1981) total jealousy score.

c. Dependency measured by The Interpersonal Dependency Inventory (IDI; Hirschfeld et al., 1977) total dependency score.

d. Lack of Empathy measured by The Interpersonal Reactivity Index (IRI; Davis, 1980) total empathy score.

e. Aggression measured by The Male Role Norms Inventory (MRNI; Levant & Fischer, 1998) aggression subscale.

f. Dominance & Aggression measured by The Auburn Differential Masculinity Inventory (ADMI; Burk, Burkhart, and Sikorski, 2004) dominance and aggression subscale.

Table 3
Pretreatment Correlations of Romantic Attachment Variables
with Variables Representing Deficits in Male-Male Relationships

Deficits in Male-Male Relationships ^a	Romantic Attachment ^b		
	<u>Dependency</u>	<u>Anxiety</u>	<u>Closeness</u>
Initiating Relationships	0.13	-0.04	0.49*
Providing Emotional Support	0.43*	-0.00	0.27
Asserting Influence	-0.04	-0.23	0.39
Self-Disclosure	0.48*	-0.05	0.40
Conflict Resolution	0.22	-0.06	0.07

*p < .05 **p < .01. N = 24

- a. Deficits in Male-Male Relationships measured by The Interpersonal Competency Questionnaire – Revised (ICQ-R; Buhrmester, Furman, Wittenberg, & Reis, 1988) five subscales initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution.
- b. Romantic Attachment measured by The Adult Attachment Scale (AAS; Collins & Read, 1990) three dimension subscales dependency, anxiety, and closeness.

Posttreatment Correlations

Deficits and Male Identity Variables

To test whether treatment impacted the correlation between the constructs, another set of bivariate correlations were conducted on posttreatment variables. With respect to the correlation between the male identity variables and deficits in male-male relationships, the posttreatment correlations differed somewhat from the pretreatment correlations (see Table 4). These changes were most marked for the restrictive emotionality dimension. Prior to treatment, the correlations were all positive and the correlations between restrictive emotionality and initiating relationships and asserting influence were statistically significant. After treatment, all the correlations between the male-male relationships variables and restrictive emotionality were negative, with the exception of asserting influence. In addition, the initiating relationships and asserting influence variables were no longer significantly correlated with restrictive emotionality, but all the remaining deficits were. Thus, following treatment, restrictive emotionality was associated with lower levels of providing emotional support, less self-disclosure, and less ability to resolve conflict.

The rigid sex roles correlations also reversed sign and increased in magnitude after treatment for all male-male relationship deficits variables except asserting influence. The relationship between rigid sex roles and self-disclosure was significant, $r = -.44, p < .05$, indicating that more rigid sex roles were associated with less self-disclosure.

Table 4
Posttreatment Correlations of Male Identity Variables with Variables
Representing Deficits in Male-Male Relationships

Deficits in Male-Male Relationships ^a	Male Identity Variables		
	<u>Hypermasculinity</u> ^b	<u>Rigid Sex Roles</u> ^c	<u>Restrictive Emotionality</u> ^c
Initiating Relationships	-0.31	-0.40	-0.37
Providing Emotional Support	-0.38	-0.42	-0.49*
Asserting Influence	0.15	0.31	0.38
Self-Disclosure	-0.36	-0.44*	-0.49*
Conflict Resolution	-0.44*	-0.38	-0.51*

*p < .05 **p < .01. N = 21

- a. Deficits in Male-Male Relationships measured by The Interpersonal Competency Questionnaire – Revised (ICQ-R; Buhrmester, Furman, Wittenberg, & Reis, 1988) five subscales initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution.
- b. Hypermasculinity measured by The Auburn Differential Masculinity Inventory (ADMI; Burk, Burkhart, and Sikorski, 2004) total hypermasculinity scale.
- c. Rigid Sex Roles and Restrictive Emotionality measured by The Male Role Norms Inventory (MRNI; Levant & Fischer, 1998) total traditional scale and restrictive emotionality subscale, respectively.

The hypermasculinity correlations with deficits in the male identity variables were largely unchanged following treatment with respect to direction, but the magnitude increased for all correlations. In addition, the correlation between conflict resolution and hypermasculinity became statistically significant, $r = -.44, p < .05$. Thus following treatment, greater hypermasculinity was associated with less ability to resolve conflict.

Deficits and Male-Female Relationship Variables

The pattern of correlations between deficits in male-male relationships and male-female relationships changed somewhat after treatment (see Table 5). Most changes were seen with the male-female relationship variables, lack of empathy and aggression. Posttreatment, greater empathy was significantly associated with providing emotional support, $r = .63, p < .01$ and greater conflict resolution, $r = .72, p < .01$, as well as greater self-disclosure, as found prior to treatment, $r = .44, p < .05$. For aggression, higher levels were significantly associated with less frequently initiating relationships, $r = -.49$ and less self-disclosure, $r = -.50, p < .05$.

Deficits and Romantic Attachment

With respect to the romantic attachment variables, the pattern of association with the deficits variables was a bit different posttreatment for the dependency and closeness variables (see Table 6). Following treatment, there was no longer a statistically significant relationship between dependency and providing emotional support or self-disclosure. However greater dependency was associated with lower asserting influence scores after treatment, $r = -.45, p < .05$. As prior to treatment, the relationship between closeness and initiating relationships, remained significantly positive. In addition,

Table 5
Posttreatment Correlations of Variables Representing Deficits in
Male-Male Relationships with Male-Female Relationship Variables

Deficits in Male-Male Relationships ^a	Male-Female Relationship Variables				
	<u>Jealousy</u> ^b	<u>Dependency</u> ^c	<u>Lack of Empathy</u> ^d	<u>Aggression</u> ^e	<u>Dominance & Aggression</u> ^f
Initiating Relationships	-0.35	-0.38	0.34	-0.49*	-0.30
Providing Emotional Support	-0.31	0.01	0.63**	-0.39	-0.37
Asserting Influence	0.38	-0.21	-0.00	0.37	0.20
Self-Disclosure	-0.26	-0.10	0.44*	-0.50*	-0.36
Conflict Resolution	-0.36	0.11	0.72**	-0.36	-0.37

*p < .05 **p < .01. N = 21

a. Deficits in Male-Male Relationships measured by The Interpersonal Competency Questionnaire – Revised

(ICQ-R; Buhrmester, Furman, Wittenberg, & Reis, 1988) five subscales initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution.

b. Jealousy measured by The Interpersonal Jealousy Scale (IJS; Mathes & Severa, 1981) total jealousy score.

c. Dependency measured by The Interpersonal Dependency Inventory (IDI; Hirschfeld et al., 1977) total dependency score.

d. Lack of Empathy measured by The Interpersonal Reactivity Index (IRI; Davis, 1980) total empathy score.

e. Aggression measured by The Male Role Norms Inventory (MRNI; Levant & Fischer, 1998) aggression subscale.

f. Dominance & Aggression measured by The Auburn Differential Masculinity Inventory (ADMI; Burk, Burkhart, and Sikorski, 2004) dominance and aggression subscale.

Table 6
Posttreatment Correlations of Romantic Attachment Variables
with Variables Representing Deficits in Male-Male Relationships

Deficits in Male-Male Relationships ^a	Romantic Attachment ^b		
	<u>Dependency</u>	<u>Anxiety</u>	<u>Closeness</u>
Initiating Relationships	0.12	-0.15	0.60**
Providing Emotional Support	0.32	0.11	0.44*
Asserting Influence	-.045*	0.07	-0.14
Self-Disclosure	0.28	0.06	0.52*
Conflict Resolution	0.36	0.00	0.28

*p < .05 **p < .01. N = 21

- a. Deficits in Male-Male Relationships measured by The Interpersonal Competency Questionnaire – Revised (ICQ-R; Buhrmester, Furman, Wittenberg, & Reis, 1988) five subscales initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution.
- b. Romantic Attachment measured by The Adult Attachment Scale (AAS; Collins & Read, 1990) three dimension subscales dependency, anxiety, and closeness.

greater closeness was associated with higher levels of providing emotional support scores, $r = .44, p < .05$ and more self-disclosure, $r = .52, p < .05$ after treatment.

MANOVA

A series of multivariate analysis of variance were conducted to test (a) whether there were differences in any of the constructs (i.e., male identity variables, male-male relationships, male-female relationships, and romantic attachment) before and after treatment, and (b) to address the third hypothesis, and (c) to see if there would be changes in the constructs after participation in an all male anger management treatment group.

In all of these analyses, individual scales were treated as multiple indicators of a construct. The within-subjects independent variable was time, with two levels: pretreatment and posttreatment. Posttreatment data were missing from three participants, reducing the total n to 21 in all analyses. The distributions of the variables approximated normality with no extreme outliers and there did not appear to be a violation of linearity. Thus the assumptions of the multivariate analysis of variance appeared to have been met. Pretreatment and posttreatment means and standard deviations are presented in Table 7.

Male-Male Relationships

The first analyses tested whether there was a difference in male-male relationships (i.e., initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution) after treatment. The difference between pretreatment and posttreatment for the five male-male relationship variables

Table 7
Variable Means and Standard Deviations Pre- and Posttreatment

	Pretreatment		Posttreatment	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Male Identity Variables				
Hypermasculinity ^a	98.71	51.33	65.76	44.17
Rigid Sex Roles ^b	185.86	30.81	166.24	46.88
Restrictive Emotionality ^b	28.14	7.26	25.52	8.67
Male-Male Relationships ^c				
Initiating Relationships	27.71	6.89	29.29	7.31
Providing Emotional Support	27.33	7.34	31.52	5.66
Asserting Influence	28.91	5.29	30.48	6.12
Self-Disclosure	22.71	6.86	28.71	6.64
Conflict Resolution	23.76	6.47	29.00	6.51
Male-Female Relationships				
Jealousy ^d	139.24	34.00	123.38	26.76
Dependency ^e	41.76	15.01	38.18	13.84
Lack of Empathy ^f	41.71	14.07	42.62	14.86
Aggression ^g	23.57	4.70	19.62	5.43
Dominance & Aggression ^h	32.38	14.64	23.43	14.81
Romantic Attachment ⁱ				
Dependency	16.95	5.31	17.86	5.69
Anxiety	14.29	5.00	13.95	5.15
Closeness	21.57	3.87	20.52	4.58

N = 21

Male Identity Variables

a. Hypermasculinity measured by The Auburn Differential Masculinity Inventory (ADMI; Burk, Burkhart, & Sikorski, 2004) total hypermasculinity scale.

b. Rigid Sex Roles and Restrictive Emotionality measured by The Male Role Norms Inventory (MRNI; Levant & Fischer, 1998) total traditional scale and restrictive emotionality subscale, respectively.

Male-Male Relationships

c. Deficits in Male-Male Relationships measured by The Interpersonal Competency Questionnaire – Revised (ICQ-R; Buhrmester, Furman, Wittenberg, & Reis, 1988) five subscales initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution.

Male-Female Relationships

d. Jealousy measured by The Interpersonal Jealousy Scale (IJS; Mathes & Severa, 1981) total jealousy score.

e. Dependency measured by The Interpersonal Dependency Inventory (IDI; Hirschfeld et al., 1977) total dependency score.

f. Lack of Empathy measured by The Interpersonal Reactivity Index (IRI; Davis, 1980) total empathy score.

g. Aggression measured by The Male Role Norms Inventory (MRNI; Levant & Fischer, 1998) aggression subscale.

h. Dominance & Aggression measured by The Auburn Differential Masculinity Inventory (ADMI; Burk, Burkhart, and Sikorski, 2004) dominance and aggression subscale.

Romantic Attachment

i. Romantic Attachment measured by The Adult Attachment Scale (AAS; Collins & Read, 1990) three dimension subscales dependency, anxiety, and closeness.

was statistically significant, multivariate $F(5, 16) = 3.81, p = .02, \eta^2 = .54$. Analysis of standardized discriminant function coefficients revealed that self-disclosure (-.61) contributed the most to differences from pretreatment to posttreatment, followed by conflict resolution (-.37) and asserting influence (-.22). Providing emotional support (-.19) and initiating relationships (.07) did not appear to have a strong influence.

Importantly, however, because the standardized discriminant function coefficients are semi-partial correlations between the variables and the discriminant function, shared variance between the variables is removed.

As an alternative to standardized discriminant function coefficients, correlations between the dependent variables and the discriminant function provide zero order estimates of the relationships. These correlations suggest that all the variables were contributing to the difference between pre- and posttreatment scores. Self-disclosure remained the largest contributor (-.93), followed by providing emotional support (-.78), conflict resolution (-.70), initiating relationships (-.33), and asserting influence (-.26). Analysis of means in Table 7 reveals that participants asserted more influence following treatment, had higher conflict resolution scores, and were more likely to initiate relationships, provide emotional support, and self-disclose in their relationships with other males. These findings taken with counselor observation of participant behavior during treatment suggest the results are clinically significant, and indicate that treatment was successful at improving participants' self-reports of deficits in their male-male relationships.

Male Identity Variables

The difference between pretreatment and posttreatment for the three male identity variables (hypermasculinity, restrictive emotionality, and rigid sex roles) was statistically significant, multivariate $F(3, 18) = 3.42, p = .04, \eta^2 = .36$. Analysis of standardized discriminant function coefficients reveals a coefficient of 1.01 for hypermasculinity. Restrictive emotionality had a standardized discriminant function coefficient of $-.73$, while rigid sex role had a coefficient of $.62$. Thus hypermasculinity seems to be the strongest indicator of a posttreatment change in the male identity variables, but changes in restrictive emotionality and rigid sex roles also played a substantial role. A similar pattern was found in the correlations between the variables and the discriminant function, with the highest correlation for hypermasculinity ($.90$), followed by rigid sex roles ($.54$) and restrictive emotionality ($.34$). Analysis of means in Table 7 reveals that self-reports of all three variables decreased after treatment.

Male-Female Relationship Variables

The difference between pretreatment and posttreatment for the five male-female variables (aggression, dependency, dominance and aggression, empathy, and jealousy) was statistically significant, multivariate $F(5, 16) = 4.00, p = .02, \eta^2 = .56$. Analysis of standardized discriminant function coefficients reveals that jealousy ($.87$) contributed the most to distinguishing male-female variables between pretreatment and posttreatment, followed by aggression ($.69$) and dominance and aggression ($.36$). Analysis of means in Table 7 (see table) indicates that self-report ratings on each of these variables decreased following treatment. Standardized discriminant function coefficients for dependency

(-.24) and empathy (.18) suggest that these variables had a smaller impact. However, correlation of the dependent variables with the discriminant function indicates that jealousy (.58), aggression (.56), and dominance and aggression (.55) had roughly equivalent roles in distinguishing participants' pre- and posttreatment scores. The correlations between dependency and the discriminant function (.31) remained lower, as did the correlation between empathy and the discriminant function (-.07). These results suggest that there was improvement in self-reports of male-female relationships after treatment, particularly with respect to jealousy, aggression, and dominance and aggression.

Romantic Attachment

The difference between pretreatment and posttreatment for the three romantic attachment variables (anxiety, closeness, and dependency) was not significant, $F(3, 18) = 1.24, p = .33, \eta^2 = .17$. Thus there does not seem to have been a change in romantic attachment following treatment.

Entering Variables into a Single MANOVA

To further explore the relationship among the four constructs related to the third hypothesis, all variables were entered into a single MANOVA to see if improvements in the male-male relationship variables would be associated with improvements in the other constructs. By including all the variables at once and analyzing the direction of factor loadings, it is possible to test this prediction. Testing a model with 16 variables but only 21 subjects is problematic. Thus these results should be interpreted cautiously (Tabachnick & Fidell, 2001).

Analysis of the standardized discriminant function coefficients indicates that aggression has the largest unique contribution to the difference between pre- and posttreatment. Other large contributors include rigid sex roles, asserting influence, initiating relationships, and self-disclosure (see Table 8). Because of the large number of variables, small sample size, and correlation between several of the variables, discriminant function coefficients may be unstable and the relative importance of these variables should be interpreted cautiously.

Correlations between individual variables and the discriminant function provide another picture of the difference after treatment. If improvement in male-male relationships is associated with improvements in the other constructs measured, we should expect the male-male relationship variables to all load in the same direction on the discriminant function. This pattern is supported. The factor loadings of the male-male relationship variables are all negative, suggesting that these variables have a similar impact on the discrimination of pretreatment and posttreatment scores.

If improvements in male-male relationships result in improvements in male-female relationships, we would expect a *decrease* in the male-female relationship variables corresponding to an increase in the male-male relationship variables. This pattern is supported by the data. With the exception of empathy, which has a very low factor loading (-0.021), all the male-female relationship variables have positive factor loadings, in contrast to the negative loadings on the male-male relationship variables (see Table 8). This difference in sign suggests that higher scores on the male-male

Table 8
Standardized Discriminant Function Coefficients and
Factor Loadings for MANOVA with All Variables Entered

	Standardized Discriminant Function Coefficients	Correlations Between Variables and the Discriminant Function
Male Identity Variables		
Hypermasculinity ^a	.221	.191
Rigid Sex Roles ^b	-2.956	.114
Restrictive Emotionality ^b	-.678	.071
Male-Male Relationships ^c		
Initiating Relationships	1.563	-.100
Providing Emotional Support	.162	-.238
Asserting Influence	-1.657	-.078
Self-Disclosure	-1.145	-.284
Conflict Resolution	-.971	-.212
Male-Female Relationships		
Jealousy ^d	.751	.180
Dependency ^e	-.691	.095
Lack of Empathy ^f	.454	-.021
Aggression ^g	5.020	.175
Dominance & Aggression ^h	.404	.173
Romantic Attachment ⁱ		
Dependency	.714	-.061
Anxiety	-.290	.023
Closeness	.029	.103

N = 21

Male Identity Variables

a. Hypermasculinity measured by The Auburn Differential Masculinity Inventory (ADMI; Burk, Burkhart, & Sikorski, 2004) total hypermasculinity scale.

b. Rigid Sex Roles and Restrictive Emotionality measured by The Male Role Norms Inventory (MRNI; Levant & Fischer, 1998) total traditional scale and restrictive emotionality subscale, respectively.

Male-Male Relationships

c. Deficits in Male-Male Relationships measured by The Interpersonal Competency Questionnaire – Revised (ICQ-R; Buhrmester, Furman, Wittenberg, & Reis, 1988) five subscales initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution.

Male-Female Relationships

d. Jealousy measured by The Interpersonal Jealousy Scale (IJS; Mathes & Severa, 1981) total jealousy score.

e. Dependency measured by The Interpersonal Dependency Inventory (IDI; Hirschfeld et al., 1977) total dependency score.

f. Lack of Empathy measured by The Interpersonal Reactivity Index (IRI; Davis, 1980) total empathy score.

g. Aggression measured by The Male Role Norms Inventory (MRNI; Levant & Fischer, 1998) aggression subscale.

h. Dominance & Aggression measured by The Auburn Differential Masculinity Inventory (ADMI; Burk, Burkhart, and Sikorski, 2004) dominance and aggression subscale.

Romantic Attachment

i. Romantic Attachment measured by The Adult Attachment Scale (AAS; Collins & Read, 1990) three dimension subscales dependency, anxiety, and closeness.

relationship variables are associated with lower scores on the male-female relationship variables, as predicted.

A similar pattern of association is found between the male-male relationship variables and the male identity variables. The male identity variables all have positive factor loadings, in contrast to the male-male relationship variables. Thus, higher scores on the male-male relationship variables are associated with lower scores on the male identity variables, as predicted.

The pattern of association between the male-male relationship variables and the romantic attachment variables is less clear. The factor loadings of the romantic attachment variables are relatively low, suggesting that these variables do not contribute a great deal to the discrimination of pre- and posttreatment scores and may not be highly related to changes in the male-male relationship variables.

Process Variables

MANOVA analyses were used to explore changes in the process variables, working alliance and group cohesion, across three points in time during treatment and to address the fourth hypothesis.

Working Alliance

Clients and counselors both rated the working alliance at three different points during treatment on the Working Alliance Inventory – Short Form (WAI-S): the third, eighth, and thirteenth sessions. Because there were two counselors, each client completed a measure of working alliance for both counselors. Similarly, each counselor rated the working alliance with each client. Thus, at every time point there are four

measures of working alliance – one completed by clients for each counselor and one completed by counselors for each client. Bivariate correlations of client ratings of working alliance with each counselor were very high, ranging from .91 to .98 across the time points, suggesting that clients did not highly differentiate between the two counselors. Because of the high correlations, the ratings of each counselor were averaged to form a general working alliance rating from the perspective of each client. The two counselors were slightly more divergent in their ratings of working alliance with each of the clients, but the correlations were still high, ranging from .72 to .77. Because clients did not seem to differentiate greatly between the two counselors and because the working alliance ratings between the two counselors were highly correlated, the counselor ratings of working alliance were also averaged. These two ratings of working alliance (client and counselor) were then entered into a doubly multivariate analysis where the within-subjects independent variable was time, with three levels. Data were missing from three participants, reducing the total to 21 in the analyses. The distributions of some of the variables demonstrated a fair amount of skew. According to Tabachnick and Fidell (2001) MANOVA is robust from violations of normality as long as there are more cases than dependent variables in the smallest group. In these analyses, there are 21 cases and two dependent variables in each group, suggesting that the analysis is safe with respect to normality. Descriptive statistics indicated the presence of several outlying cases. However regression analysis to detect multivariate outliers did not reveal any outliers with a Mahalanobis distance that was statistically significant (Tabachnick & Fidell, 2001).

The multivariate omnibus test of time was statistically significant, $F(4, 17) = 5.62, p = .01, \eta^2 = .57$. Clients consistently had higher ratings of working alliance than counselors (see Figure 1). Analysis of loadings on the discriminant function suggests that the strongest effect was the linear relationship for counselors (-.84), followed by the quadratic relationship for counselors (.57). Figure 1 reveals that client ratings of working alliance increased over time but the rate of growth slowed between the second and third times of measurement. Client ratings of alliance also showed a strong linear trend (-.46), indicating an increase in alliance ratings over time. There did not appear to be a quadratic effect of client ratings. This pattern of findings was confirmed by univariate tests of the linear and quadratic trends for both clients and counselors. All effects were significant except for the quadratic effect of client ratings of working alliance.

Group Cohesion

Ratings on the Group Climate Questionnaire – Short Form (GCQ-S) engaged, avoiding, and conflict subscales were also obtained at three different times: the third, eighth, and thirteenth sessions. These variables were entered into a doubly multivariate analysis where the within-subjects independent variable was time, with three levels. Data were missing from three participants, reducing the total n to 21 in the analyses. As with the working alliance variables, several distributions departed from normality, but the sample size is sufficiently large to protect against violations of this assumption. There were no significant outlying cases.

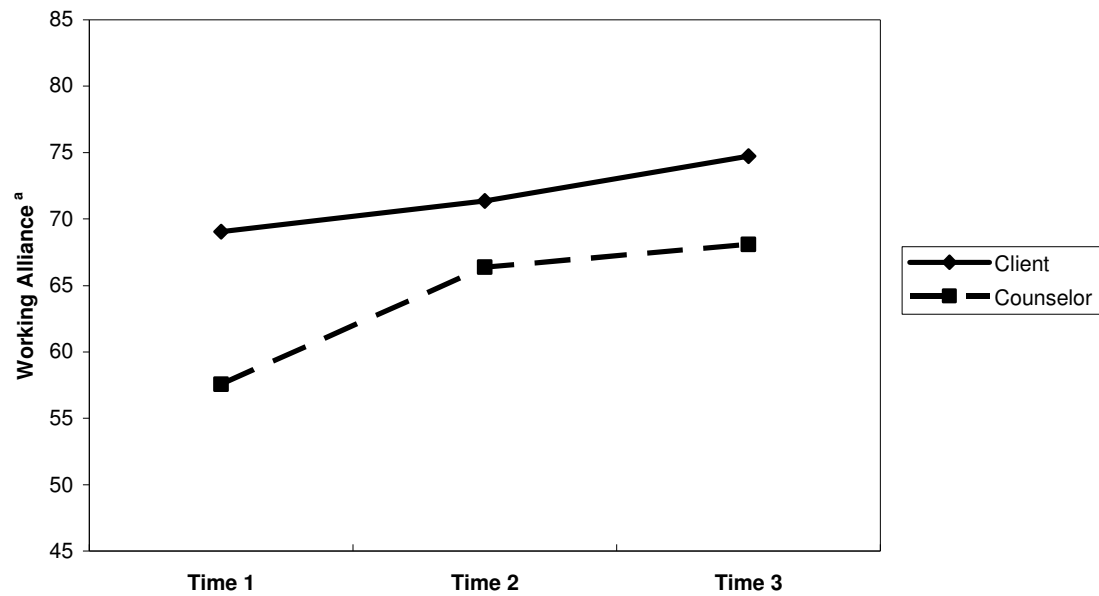


Figure 1: Working Alliance Ratings Across Time

a. Working Alliance measured by The Working Alliance Inventory – Short Form (WAI-S; Horvath & Greenberg, 1989) total score.

The multivariate omnibus test of time was statistically significant, $F(6, 15) = 3.42, p = .03, \eta^2 = .58$. Analysis of factor loadings suggest that the only effect discriminating between the time points is the GCQ-S engaged subscale. Scores on this subscale increased over time (see Figure 2). None of the other factor loadings were substantial, which was confirmed by the non-significant univariate tests (except for the linear trend of engaged).

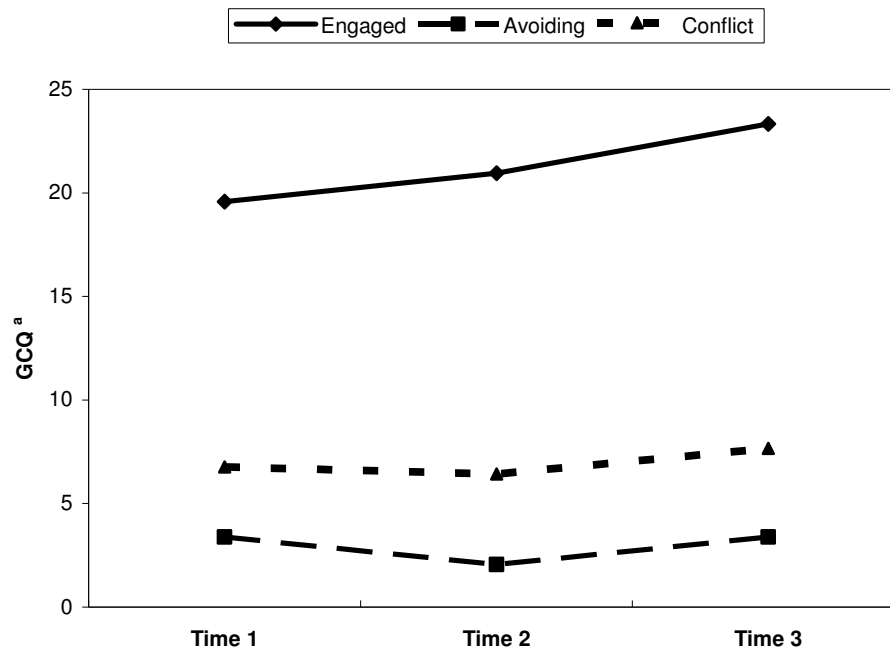


Figure 2: Group Cohesion Ratings Across Time

a. Group Cohesion measured by The Group Climate Questionnaire – Short Form (GCQ-S; MacKenzie, 1983) three subscales engaged, avoiding, and conflict.

CHAPTER V

DISCUSSION AND CONCLUSIONS

The current study had four primary hypotheses. The first hypothesis was to determine if Jennings and Murphy's (2000) theory of intimate partner violence that claims domestic violence and disrupted male-female relationships can be traced to inadequate male-male relationships was supported with this sample of partner violent males. The second hypothesis was to explore an extension of the theory and determine whether romantic attachment was related to deficits in male-male relationships. The third hypothesis was to explore changes in the male identity variables, male-female relationship variables, male-male relationship variables, and romantic attachment dimensions following participation in an all male anger management treatment group. The fourth hypothesis was to determine the relationship between the process variables (client and counselor working alliance ratings and client group cohesion ratings) and the main variables of interest. This chapter will proceed with an interpretation of the study's findings including related examples from the four groups used in this study, a discussion of treatment implications, limitations of the study, and directions for future research.

Hypothesis I

Hypothesis #1: Is Jennings and Murphy's (2000) theory of domestic violence evident in this study's sample of partner violent males?

In general, the findings were supportive of the theory proposed by Jennings and Murphy (2000). The data supported the expectation that improving same sex relationship functioning would result in a decrease in dysfunctional aspects of male-

female relationships and a decreased adherence to disrupted male identity variables. Thus, improvements in male-male relationship functioning and a decrease in previously held attitudes and behaviors that were displaced onto their male-female relationships, resulted in an improvement in their functioning with their female partners. This result provides evidence for Jennings and Murphy's (2000) theory that male violence against women has roots in disrupted male-male relationships, and it suggests that improving batterers' relationships with their same sex peers will decrease their use of violence and improve their relationships with their female partners.

The relationship between the variables measuring male identity issues and male-female relationships with the areas of interpersonal competence in male-male relationships showed interesting pre to posttreatment correlations. Regarding the male identity issues and the male-male relationship variables, changes were seen from pre to posttreatment such that more statistically significant relationships among the constructs emerged. Following treatment, the participant reports showed that higher levels of restrictive emotionality, hypermasculinity, and rigid sex roles were associated with decreased self-disclosure in their relationships with other males, decreased ability to resolve conflict, and decreased emotional support provided to their peers. While participants' self-reports on all of the male identity issues decreased and their reported functioning with their male peers increased following treatment, there were still some participants reporting adhering to rigid sex roles. It is likely that these males still acknowledging male identity concerns were also still struggling to improve their interpersonal relatedness with their male peers. This relationship is expected given that

holding rigid, traditional attitudes and behaviors is part of the obstruction to their ability to form relationships with other males.

The relationship between the variables measuring male-female relationships and the male-male relationship variables also showed changes in the correlations following treatment. Both pre and posttreatment reports by participants showed that increased levels of empathy were associated with greater levels of self-disclosure. Posttreatment, the findings showed a greater ability to resolve conflict and provide emotional support in their male-male relationships, which was correlated with greater levels of empathy in their male-female relationships. However, the results showed a decrease in the interpersonal competencies to initiate relationships and self-disclose in their peer relationships, which was correlated with greater reported aggression against their partners. Given Jennings and Murphy's (2000) theory, these relationships may be expected in that sharing, resolving conflict, and providing support in their peer relationships should increase their ability to feel and express empathy in their romantic relationships. The males still struggling in their peer relationships following treatment appear to also still be struggling in their male-female relationships. These findings and conclusions provide support for Jennings and Murphy's (2000) theory that intimate partner violence is rooted in disrupted male-male relationships.

Hypothesis II

Hypothesis #2: Does Jennings and Murphy's (2000) theory of domestic violence extend to romantic attachment?

Regarding the second purpose, this study hypothesized that the dimensions underlying romantic attachment would be correlated to Jennings and Murphy's (2000) theory that intimate partner violence was rooted in disrupted male-male relatedness. It was expected that a male's romantic attachment to his partner would be correlated to disrupted male-male relationships as were the negative male-female variables. However, the results from this study found no relationship between romantic attachment and deficits in the male-male relationship variables. Thus, the theory proposed by Jennings and Murphy (2000) does not appear to extend to participants' romantic attachment orientation with the sample of batterers in the current study. Moreover, the participants' romantic attachment did not show any changes following participation in treatment and was not correlated to changes in the other three constructs. As cited previously, recent studies with similar populations have found attachment to be altered following similar treatment intervention, however, these findings were not supported by the current study. This finding seems to provide further evidence for the wealth of research arguing that attachment patterns are stable from childhood and resistance to change.

Hypothesis III

Hypothesis #3: Will changes be seen in the male identity variables, male-female relationship variables, male-male relationship variables, and romantic attachment dimensions following participation in an all male anger management treatment group?

The third goal of this study was to explore pretreatment and posttreatment changes in the male identity variables, male-female relationship variables, and male-male relationship variables. The results were all statistically significant such that participants were reporting a decrease in the male identity variables and negative male-female relationship variables, and increased interpersonal competencies in their peer relationships with other males. These findings also have important implications for future treatment with this population, which will be discussed shortly.

Male Identity Variables

Regarding the male identity variables (hypermasculinity, rigid sex roles, and restrictive emotionality), participants were reporting lower levels of all three variables following treatment. Participants' endorsement of hypermasculine attitudes and behaviors showed a significant decrease following completion of the treatment group. This is likely related to their experience of learning to form relationships with their peers in the group through means of connection such as self-disclosure of personal experiences and providing and receiving emotional support and feedback. An example illustrating this conclusion comes from consistent feedback from group members shared during the last session of the groups used in this study. The majority of participants' reports of their most memorable experience from the group was the opportunity to tell their story

and listen to others, while feeling their personal struggles were validated and normalized. For many, they reported this was the first time they had ever opened up on such a deep level and that they shared things about themselves that they had never shared before. This feedback suggests that the most important part of the group experience was the unique opportunity to share private parts of themselves and listen and learn from other men.

Participants' endorsement of rigid sex role attitudes and beliefs also decreased following participation in the group. An important psychoeducational component of the group experience focused on challenging and modifying members' belief systems that contributed to their use of violence, and exploring ways in which to increase the equality in their male-female relationships. Another explanation for this finding may be the experiential aspect of engaging in a relationship with another female that directly challenged and modified these ways of thinking and behaving in relationships with women. A personal example of this was an interaction with one of the members during a group session when the member became frustrated and verbally aggressive with the female counselor. Rather than reacting with the same level of increased aggression, the female counselor responded in a calm tone and commented on his behavior and inquired about his experience in that moment. Through processing the event and modeling a productive interaction, the potential argument was diffused and a greater self-awareness was gained for that member. Additionally, the other members commented on the interaction and provided the member and counselor with feedback regarding the way the situation was handled. This was a very genuine moment of relying on the group and

using the manifestations of members' typical ways of interacting, primarily with females, and processing and reworking those patterns within the safe environment of the group.

The third male identity variable, restrictive emotionality, also decreased upon completion of the group. Thus participants were reporting greater openness to expressing emotions. Given that the men were involved in an experiential group where emotional expression and openness were encouraged and modeled, it is likely that their emotional expression in their relationships with others was broadened. A very memorable example from one of the groups in the current study where a decrease in emotional restrictiveness was evident was with one of the more emotionally stoic and controlled members of the group. This particular member had been sharing increasingly more each session related to his personal distress outside of group and his family of origin experiences that were traumatic. During this session, the member was sharing more about his past trauma and the more he shared, the more emotional he became until he sat crying for several moments. The group gave him appropriate space to express his emotions and tell his story, and then began to show and express their caring and support. He shared the following week that that had been a breaking point for him and he could not remember the last time he had allowed himself to cry. He initially expressed embarrassment, but also shared his relief with releasing the painful emotions he had suffered alone for years.

These findings of improvements on the male identity variables following treatment have clinical relevance given how they may have been acquired. The

integrated treatment model used in this study addressed male identity issues directly through psychoeducational components, but also through relying on the group process. A powerful exercise used in the group asked men to draw the characteristics they believe defined masculinity and the meaning of being a man. The thoughtful and sometimes surprising responses and creativity of the men became one of the most valuable therapeutic tools. Themes emerged among the members across the different groups including being a husband, being a father, showing love, being a financial provider, being a protector, being the head of the household, and being able to achieve balance among all of these roles. Processing the activity routinely led to discussions of how their expectations of themselves and the expectations from their families fit within societal definitions of masculinity. The normalization of their similar stresses and expectations to be many things to many people led to deeper self-disclosure and vulnerability and strengthened the connections among the members.

Male-Male Relationships

Regarding changes in the five dimensions of interpersonal competency (initiating relationships, providing emotional support, asserting influence, self-disclosure, and conflict resolution) in the participants' male-male relationships, the pre to posttreatment changes were statistically significant. Improvements were shown in all five areas of interpersonal competence in participants' reports of their relationships with other males. The results indicated that participants showed the greatest change following treatment in their degree of self-disclosure in their male-male relationships. This finding is likely related to their learning how to be open, genuine, and disclosing in their relationships

with the other males in the group. Additionally, openness and self-disclosure were highly encouraged and modeled throughout the group experience both by other members and the group co-leaders. An example of promoting members' self-disclosure in the group was the inclusion of a check-in at the beginning of most sessions to allow the members to share other pertinent events in their lives outside of group. Some members would share personal struggles they faced that week such as financial stresses, work concerns, arguments with partners, problems with their children, etc., which would be followed by feedback and support from the group. Others would share examples of trying new skills learned in session during arguments with partners, including times they were successful and times they were not. This sharing was important for the group process and the acquisition of new skills to decrease their use of violence. Other experiential activities and discussions were also included to encourage members to share at a deeper level and gain greater self-awareness. Thus the change in increased self-disclosure in participants' same sex relationships appears to be a product of the experience of participating in an all male treatment group.

The next greatest pre to posttreatment change in participants' male-male relationships was their increase in providing emotional support. Participants reported being more capable and likely to provide emotional support in their relationships with other males than prior to treatment. This finding may be related to their experience of providing and receiving emotional support from other males while in the group. The previous examples of self-disclosure as well as others who took risks and shared their personal experiences in group were consistently met with emotional support. This

supportive and caring environment fostered by the group members taught them how to accept emotional support from others and how to give it in return. Another example of this in the group was after a member had shared during check-in that he had lost his job and been kicked out of his house by his wife during the previous week and was now separated from his children. The other members responded with concern and support as he risked sharing his personal difficulties and feelings of hurt and humiliation. As the session ended, two other members were overheard asking that member if he would like to go for a drive or grab dinner to talk because they were willing to be a listening ear if he needed it. This example suggests that the relationships formed in the group were genuine and carried on beyond their shared experience in group.

The next largest pre to posttreatment change was seen in conflict resolution involving male-male relationships. Participants showed greater conflict resolution skills in their relationships with other males after completion of the group. Given that the group is primarily targeting improving anger management skills through psychoeducation, this is likely an extension of the skills they learned to employ in their relationships with their partners. Moreover, the members learned to resolve conflict and accept their individual differences within the safe environment of the group where acknowledging and working through conflicts without the use of violence is a primary goal. An example of appropriate conflict resolution within the group was during a session when the members each share their assault charge that resulted in their arrest and referral to the group. Members are told to tell their story from a standpoint of personal accountability for the situation and use I-statements to avoid denial or blame. One

particular member was not taking responsibility for his actions and was justifying his violent behavior through blaming his partner. After allowing him to tell his story, the other members challenged his lack of accountability, indicating that his behavior would not change if he continued to deny it to himself and others. The member became defensive and withdrawn at first, but the supportive manner in which the group challenged him left room for him to revisit the issue when he was ready to take ownership for his actions, which he did. The frustration from both the member being confronted and the rest of the group witnessing his denial was used to benefit him rather than to condemn or attack him. This example illustrates that conflict resolution skills were acquired not only through teaching and education, but through experiential moments where relearning and utilizing new skills were practiced in the immediacy of the session.

The next finding regarding changes in the participants' male-male relationships was an increase in their ability to initiate relationships with their same sex peers. Moreover, participants also reported an increased ability to assert influence in those relationships with other men. Within the group, members formed relationships and gradually created a mutual level of comfort for supportively challenging and offering constructive feedback to help each other grow and change. The previous example is a clear instance of the group members establishing strong bonds where they felt comfortable intervening for the sake of another member's personal growth. The members were encouraged in the beginning to use each session to address their individual and collective goals and not wait to begin working. The previous situation

could have been ignored due to the discomfort in confrontation, but the group took the risk to share their feedback and be assertive in an effort to help each other change.

These findings are all clinically and theoretically significant given that most partner violence treatment groups do not stress the importance of relationships among members and the value of improving relationships with other males outside of the group. The integrated treatment approach used in the current study stressed these aspects of the group experience and encouraged self-disclosure and emotional connectedness with the other men in the group. These findings suggest that an integrative treatment approach for working with this population that incorporates psychodynamic theory and experiential techniques within a cognitive-behavioral/psychoeducational framework may effect change in other areas of their relationship functioning in addition to curbing violence against their partners.

Male-Female Relationships

As indicated earlier, an expectation of this study was to increase male-male relationships in order to decrease disrupted male-female relationships, which this study achieved. With regards to the male-female relationship variables (jealousy, dependency, lack of empathy, and aggression), there were also statistically significant pre to posttreatment changes. Participants' reported levels of jealousy showed the largest decrease following completion of the group, as did their level of dependency on their partners. Since participants were reporting greater interpersonal functioning in their male-male relationships, the expectation was that the excessive dependency and jealousy regarding their female partner's availability should decrease, which appears to be the

case. Additionally, the participants also reported lower levels of aggression following completion of the group which is likely due both to their decreased reliance on their female partner as their sole source of emotional connection and the group's educational component targeting increased anger management skills and decreased use of violence. Participants' reported lack of empathy also improved such that there was an increase in empathic expression towards their partners, which was also expected to stem from improved interpersonal functioning with their peers.

It is evident from these findings that many negative aspects of participants' relationships with their female partners decreased following treatment, which the results also show is related to their improvements in their male-male relationships. Support for this conclusion was found in the feedback shared by the participants throughout the group as they learned new skills and behaviors and began to try them in their relationships. The members would also discuss sharing handouts or topics of discussion from each week's group with their partners to try to help them understand what they were learning and how they could both try to use the new strategies when an argument arose. Additionally, many members reported an overall improvement in the quality of their romantic relationships, while other members came to the realization that their situation was unhealthy and made the decision to leave the relationship. These outcomes suggest that the men increased in their awareness and insight about their maladaptive behavior. These findings illustrate the value of Jennings and Murphy's (2000) theory of intimate partner violence and show that if the root of the problem of male violence

against women, inadequate male-male relationships, can be addressed and changed, subsequent changes in male-female relationships will follow.

Hypothesis IV

Hypothesis #4: What is the relationship between the working alliance and group cohesion ratings and the main variables of interest?

The fourth goal of this study regarding the process data that was collected (client and counselor working alliance ratings and client group cohesion ratings) the results were quite positive. As a whole, the members' and counselors' ratings of the working alliance were strong, yet the members' ratings were slightly higher than the group leaders. Additionally, the clients did not appear to favor one group leader over the other which is important to consider given the literature stressing the importance of having a male-female dyad. However, the importance of having a male-female dyad will be further discussed shortly. Further, the rate of improvement of the working alliance from the clients' perspective continued to increase as the group went on, yet the rate of growth slowed from the middle to the end of the group. One explanation for this finding could be that client's were starting to take more risks, disclose more personal information, and be challenged more by the group leaders during the middle phase of the group, which may have created discomfort and slowed the rate of increase in the strength of the working alliance with the leaders. Another explanation comes from direct feedback from the members that the most helpful part of the group was listening to the other members and sharing their stories while relying on the leaders to provide structure and direction when needed. The results also showed improvement in group cohesion over

time indicating that the relationships between members became stronger as the group progressed, which is consistent with the leaders' observations and participants' reports.

Implications for Treatment

The findings of this study have significant clinical implications for treatment with intimately violent males. The theory proposed by Jennings and Murphy (2000) argues that male-female partner violence is rooted in disrupted male-male relatedness and male identity issues. The findings of this study provide support for this theory of domestic violence and show the clinical worth of viewing this phenomenon from a new and different perspective. Changing current understanding of the societal issue of domestic violence away from the male-female dimensions of the problem adds a unique and valuable shift in focus for treatment approaches and interventions. For example, this study highlights that not only cognitive-behavioral techniques for teaching new skills contributed to a decrease in violent behavior, but utilizing the group experience to target deeper roots of the behavior may have helped in producing successful outcomes. Moreover, the unique experiential activities that were incorporated into this study's treatment approach were important for promoting improved male-male relationship functioning and exploring contributing factors to their use of violence. Treatment models working with male batterers would benefit from including activities that encourage relationships among the members and explore the origins of members' use of violence.

Research suggests that a group therapy format is the preferred modality for working with batterers in order to provide a safe, interpersonal situation for emotions to

be uncovered, experienced, and expressed (Schwartz & Waldo, 1999; Wallace & Nosko, 1993). However, treatment approaches with the primary aim of teaching new skills do not fully utilize this aspect of the group experience in working to achieve behavioral change. Recidivism rates show that these reductionistic treatment approaches are not producing lasting behavioral changes (Gondolf, 1997). Citing personal experience in leading batterer treatment groups, the support that is offered and received by group members directly counters their experiences of isolation from other males and their fear of being abandoned after risking vulnerability. The current study suggests that improving male-male connections is a valuable aspect of changing violent behavior against women and using the experiential nature of the group can facilitate this goal. A group allows for close relationships to develop among the male participants around their similarities and allows sharing of their personal stories rather than superficial sharing that typically occurs with hypermasculine behaviors, such as through sports, women, or other common interests. An understanding of the importance of fostering male-male relationships within the group will affect the interventions and strategies employed in working with this population in order to achieve greater treatment effects. These conclusions provide support for emphasizing the experiential dynamics of the group environment in fostering relationships both in and outside of group.

As described previously, the treatment approach used in this study was an integrated approach to working with male batterers. In addition to focusing on changing the violent behavior and learning more effective techniques for conflict resolution, other underlying factors of violence were targeted including male identity issues, family of

origin issues, interpersonal relationships, and rigid attitudes and beliefs about women. These data showed that following participation in treatment using this integrated approach, all of the variables of interest improved and the participants' relationship functioning with both males and females improved. Moreover, the improvements in their male-male relationships were shown to be related to improvements in male-female functioning. Thus, adjusting the understanding of the problem and integrating treatment interventions into an educational framework will target less direct treatment issues such as disrupted male-male relatedness. Including these indirect aspects of the problem can have profound effects in decreasing the prevalence of male violence against females. Future groups with domestically violent males would benefit from broadening the theoretical conceptualization of intimate partner violence and increasing the range of techniques employed to address both direct and indirect factors involved in a male's use of violence.

Another important implication of the current study was with regards to the counselors in the group. Research suggests the importance of having a male-female dyad lead the group in order to model appropriate male-female relationships, equality of power, and effective communication. Additionally, having a female counselor in the group gives the members the opportunity to reenact their projected male-female issues within the group where they can be addressed and reworked in a new, more effective way. In the current study, participants did not differentiate between the male and female counselors in terms of their working alliance ratings, such that members perceived strong therapeutic relationships with both leaders, regardless of gender. It is important

to note that the members felt strongly towards both leaders and did not evidence resistance or transference in connecting with the female therapist given the nature and content of the group. For these reasons, it would be valuable for future groups to use a male-female dyad in working with this population.

Limitations

There are several limitations pertaining to the current study. The primary limitation is with regards to the sample, resulting in restrictions to generalizability and future clinical considerations. The participants in the present study were on probation for assault related offenses against a female partner, and thus may be less representative of abusive males in the general population who have not been legally charged with an assault related offense. Additionally, this study did not identify subtypes of batterers although there is research suggesting that subtypes do exist. Moreover, the participants were all from the Bryan/College Station, Texas surrounding area. Thus, the results may not be generalizable beyond a population of males of similar demographics, backgrounds, and situational circumstances.

Additionally, the small sample size may explain the difficulty in detecting statistically significant relationships among some of the variables. Moreover, the small number of participants compared to the number of variables of interest (21 to 16) makes interpreting the results precarious and thus conclusions drawn from these findings should be carefully considered.

Another limitation is that the constructs of interest in this study were measured through participant self-reports of their attitudes and behaviors. It is possible that their

self-reported information may not be entirely representative of their real world behaviors and may reflect their efforts to appear socially desirable. Additionally, the stability of change beyond treatment cannot be determined given the lack of follow-up data. It would be valuable in future studies to obtain posttreatment data and to gather reports from participants' female partners regarding changes in their partner's behaviors. Lastly, this study did not take into account alcohol and drug use as a variable of interest, which may be correlated to a male's use of violence. Exploring this relationship in future studies is recommended.

Suggestions for Future Research

As previously addressed regarding the limitations of the current study, future research should have a larger number of participants in order to detect statistically significant differences and relationships among the variables of interest. In addition to including male participants who have been legally charged with domestic violence, future studies should also incorporate a sample of male batterers from the community who have not been formally charged with an assault related offense against a female partner. Additionally, follow-up data from participants and participants' female partners would be highly valuable in determining the impact of changes following treatment and could help control the effect of social desirability. Qualitative feedback from participants regarding their experience in the group could provide valuable feedback about what interventions and aspects of the group were most valuable in effecting posttreatment change.

Another suggestion for future research would be to conduct a randomized clinical trial that compares groups using the integrated treatment approach that incorporated an experiential and process oriented approach used in the current study, to treatment approaches typically used with this population, i.e., cognitive-behavioral and psychoeducational groups. This research approach would shed further light on the role of male identity issues and male-male relatedness in understanding and treating domestic violence. Moreover, providing further support for the effectiveness of an integrated approach to treatment that targets the less direct factors involved in the use of violence would aid in determining the most appropriate treatment interventions that would address the root of this societal problem.

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APPENDIX A

CONSENT FORM

The Role of Male-to-Male Relationships in Partner Violence Treatment Groups: The Effects of Improving Same Sex Relationships on Attachment

I have been asked to participate in a research study investigating whether improvement of male-to-male relationships will effect overall attachment systems of relating to others. I was selected to be a possible participant because I am a male on probation for an assault related offense against a female partner and am required to complete a 15-week anger management/domestic violence group. A total of 70 people have been asked to participate in this study. The purpose of this study is to learn more about the importance of promoting male-male relationships and interactions in group treatment programs with male batterers as a means of improving their ability to relate to their partners and others outside of treatment. If I agree to be in this study, I will be asked to complete assessment measures over the course of the 15-week group, regarding my romantic relationship history and same-sex male relationships and my perceptions of the group experience and the group leaders. Additionally, I will be consenting to allow the group leaders to fill out a questionnaire on three different occasions regarding their perception of my participation in the group if they so choose. This study will only take forty-five minutes in the first and last sessions, and then on three different occasions, there will be two brief questionnaires taking approximately ten minutes to complete. I will also complete a brief questionnaire after each session taking approximately three minutes to complete. The total amount of time my participation will entail is approximately two and one half hours over the course of the 15 week group. There will be no video or audio taping.

The risks associated with this study are minimal. There is a possibility of slight discomfort as I fill out the assessment measures, which are personal in nature. I am aware that I will be asked to disclose personal information, but I am also assured that all of the data will be anonymous. If I choose to participate in the study, I will be compensated with 2 community service hours which were decided upon by the probation department. The records of this study will be kept private. No identifiers linking me to the study will be included in any sort of report that might be published. Research records will be stored securely and only Ashley Barnes will have access to the records.

My decision whether or not to participate will not affect my current or future relations with Texas A&M University or the Bryan Probation Department. If I decide to participate, I am free to refuse to answer any of the questions that may make me uncomfortable. I can withdraw at any time with out my relations with the university, job, benefits, etc., being affected. I can contact the following with any questions about this study:

Dan Brossart, Ph.D. or Ashley Barnes, M.S.
Department of Educational Psychology
4225 TAMU
College Station, TX 77843-4225
(979) 845-5479
brossart@tamu.edu ashley-barnes@tamu.edu

This research study has been reviewed by the Institutional Review Board- Human Subjects in Research, Texas A&M University. For research-related problems or questions regarding subjects' rights, I can contact the institutional Review Board through Dr. Michael W. Buckley, Director of Research Compliance, Office of Vice President for Research at (979) 845-8585 (mwbuckley@tamu.edu).

I have read the above information. I have asked questions and have received answers to my satisfaction. I have been given a copy of this consent document for my records. By signing this document, I consent to participate in the study.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Signature of Investigator: _____ Date: _____

APPENDIX B

Anger Management Group Treatment Manual

Session #1 **Getting Acquainted**

Purpose

1. Create safe environment to increase member involvement and willingness to take risks.
2. Thoroughly discuss confidentiality in relation to the members, leaders, and probation to establish trust.
3. Establish cohesion among members and alliance with leaders:
 - a. Leaders specify their distinction from probation and their interest in the group
4. Outline group rules and boundaries:
 - a. Start and stop times and breaks
 - b. 15 weeks long
 - c. Absence policy
 - d. Other probation documents and rules

Session Activities

1. Introductions of members and leaders.
2. Ice Breaker:
 - a. Members draw cards and each card has a question assigned to it that members answer aloud within the group:
 - i. Questions:
 1. Do you have any children?
 2. What qualities would you say your kids got from you?
 3. What piece of advice would you give a 13 year old?
 4. What is your happiest memory?
 5. What are you most proud of?
 6. What's something about you that would surprise people?
 7. What are your favorite hobbies?
 8. What are your best talents?
 9. What advice would you give to a new parent?
3. Lay out structure, rules, and purpose of the group.
4. Introduce "Nuggets of Truth" that will begin each session by members stating whether they think statements are true or false.
5. Study is explained and participants are asked to participate in exchange for 2 hours of community service credit. Participants sign informed consent document and complete pre-test measures.

Session #2

Distorted Thinking about Anger

Purpose

1. Outline benefits from participating in the group.
2. Begin thinking about the concept of anger and many faulty ways to view and experience anger.
3. Begin to outline when anger crosses the line from being normal to being abusive.

Session Activities

Nugget of Truth – “True of False: Anger isn’t wrong...it’s what you do with it.”

1. Members state what they think they can gain from participating in the group and then discuss unique ways that group can benefit them.
2. Movie clip – ‘Anger Management’
 - a. Illustrate scene with distorted thinking.
 - b. Members break into dyads to discuss movie clip and write down their own misconceptions and myths regarding anger.
 - c. Members return to group and discuss what they came up with in their dyads.

Session #3

When Does Behavior Become Abusive?

Purpose

1. Continue to increase member's awareness of what constitutes abusive behavior by defining anger and abusive behaviors, i.e, verbal, physical, sexual, and emotional.

Session Activities

Nugget of Truth – “True or False: Abuse doesn't always leave a visible mark.”

1. Members are asked what they think the different types of abuse are.
2. On the board leaders write what members' state are types of abuse and list specific behaviors under each category.
3. Members are given a list with types of abuse and discuss any behavior that is considered abusive that they think is surprising.
4. Discuss issue of control and power in the use of abuse and how partner feels.
5. Members break into dyads and are instructed to do reverse role plays where one member is their partner and the other uses abusive behaviors to control them.
6. Members return to the group to discuss their reactions to experiencing abuse.

Types of Abuse

Physical Abuse

Physical abuse can be recognized by physical markings such as red marks, bruises, scratches, and broken bones. Examples of physical abuse due to contact between two people are:

- Pushing
- Punching
- Spanking
- Grabbing
- Slapping
- Restraining
- Pulling hair
- Kicking
- Choking

Physical abuse also has other forms where you do not actually touch the other person. For example, using physical size and strength or the threat of physical abuse as a means of intimidating another person is also abuse. Also, objects can be used to either physically abuse someone or to threaten abuse. Examples include:

- Blocking someone's path
- Getting in someone's face
- Taking objects away from someone
- Clenching fists
- Hitting the wall
- Throwing objects
- Destroying someone else's property
- Driving dangerously
- Slamming doors
- Breaking objects
- Flexing muscle

Verbal Abuse

Verbal abuse involves using words or tone of voice to control or harm another person. Threatening someone is also considered a form of verbal abuse and leaves victims feeling fearful and hopeless. Examples include:

- Name calling
- Sarcasm
- Blaming
- Swearing
- Insults
- Screaming
- Accusations
- Threat

Emotional Abuse

All forms of abuse are emotionally painful, however, some types of abuse are intended to harm the other person's feelings or sense of self. Emotional abuse is meant to take the focus off of the abuser and make the victim take the blame for the problems within the relationship. Examples of emotional abuse include:

- Insulting another's friends or family
- Criticizing another's thoughts, feelings, or ideas
- Isolating another from family or friends
- Going through another's belongings
- Following/Stalking
- Withholding money
- Drinking/Doing drugs
- Having affairs
- Lying
- Taking the children
- Abandonment
- Ignoring/cold shoulder
- Eaves dropping
- Gambling

Sexual Abuse

Sexual abuse involves controlling the sexual relationship with a partner in order to fulfill the need for control. Sexual abuse involves controlling sexual attitudes and values as well as sexual acts. Examples of sexual abuse include:

- Forcing sex (rape)
- Refusing to use birth control/condoms
- Forcing to watch pornography
- Making sexual remarks
- Secretly videotaping sex act
- Withholding information about sexual diseases
- Telling sexual jokes in social situations
- Becoming angry and demanding when denied sex
- Unwanted sexual advances
- Forcing fantasies
- Having affairs

Session #4

Teamwork Through the Maze

Purpose

1. Encourage teamwork and group member involvement and collaboration.
2. Encourage members to think outside the box and relate activity to life experiences.
3. Begin discussion of men's issues and what qualities they think make them a man.

Session Activities

Nugget of Truth – “True or False: Being a man, means being in control at all times.”

1. Maze Activity and process.
2. Coat of Arms activity (handout and crayons):
 - a. In the four spaces on the coat of arms handout, members draw, not write, the qualities they think make up a man.
 - b. Members return to the group and share their coat of arms.
 - c. If time, leaders can write on board the 4 main themes that members said make a man and start discussion and disputing any irrational thoughts about what makes a man.

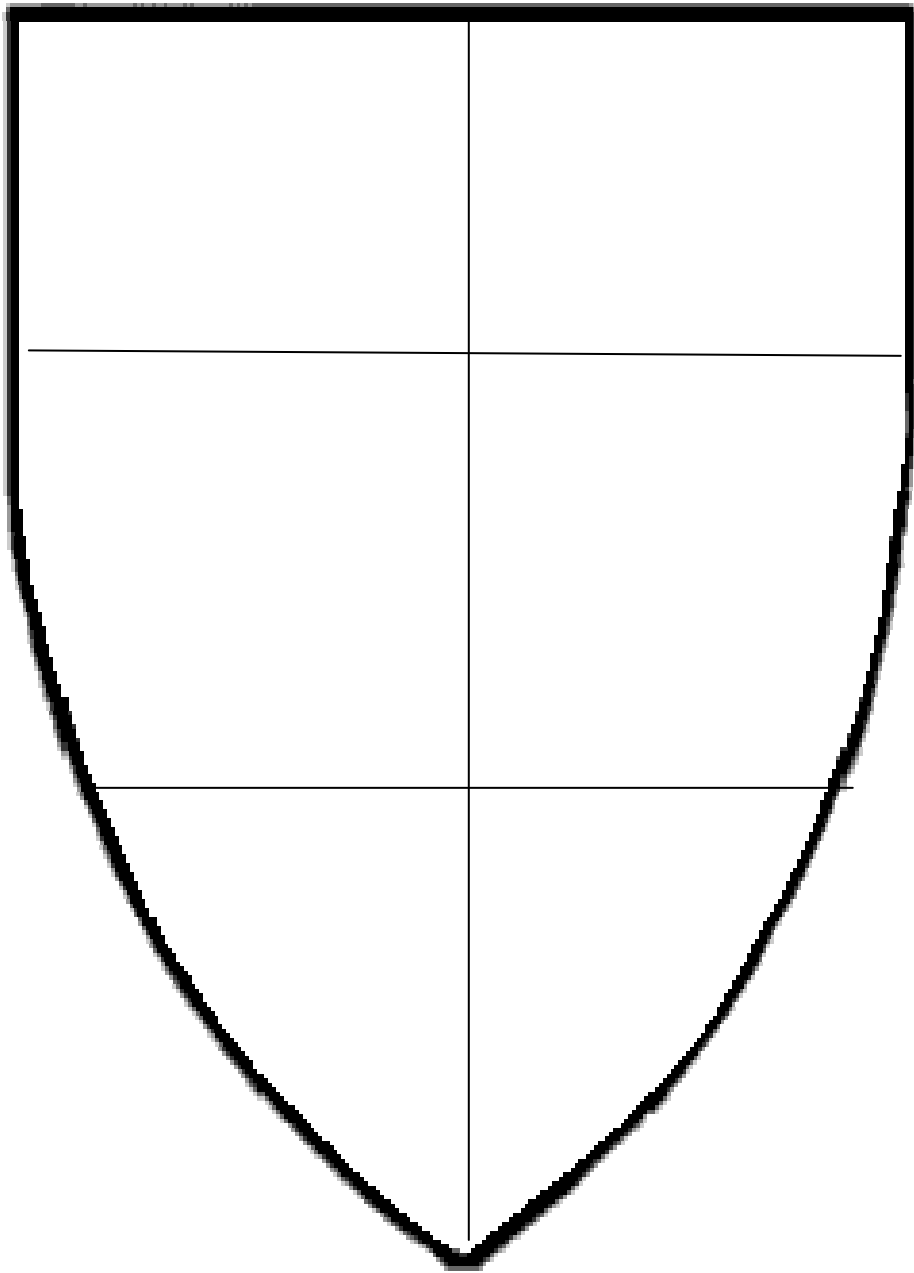
Rules of the Maze

1. No talking
2. Only one person on the maze at a time
3. Cannot touch the maze or touch which box to step on
4. Cannot track where you've been by placing objects on the maze
5. After first person has made it through the maze, everyone can be on the maze at one time to make it through
6. Everyone must make it through
7. Members can have 5 minutes before starting to strategize
8. Members are timed

Processing the Maze

1. Ask members what they think was the purpose of the activity
2. In maze, you have to trust other members to help you get through when you're all alone on the maze...relate to group experience to take risks and trust others when you feel all alone and need to talk in group.
3. In maze, you build on each other's work on the maze to find the right path...relate to group experience that can learn from others and work together to achieve positive outcomes in their lives and in the group.
4. In maze, sometimes keep hitting the same wrong square and hard to find the right path...relate to group experience that sometimes in life you take the same wrong paths over and over, but can always look for help to find the right path; never too late.
5. In maze, most members wait until the end to devise a strategy to get through...relate to group and encourage not to wait until the end to start taking initiative in group and working on changing.
6. In maze, must listen to other members when they point out where to go to get you through the maze...relate to group experience that they can learn from other member's of the group.
7. As counselors guided you through the maze...relate to group experience that we'll help guide you through the process but the most work is done among the members.

My Coat of Arms



Session #5

What Does it Mean to be a Man

Purpose

1. Explore men's issues i.e., definition of masculinity, pressures to be "man", fear or inability to expression emotion, ways of relating to other males, ways of relating to females, etc. as member's feel they influence their position in society and in their relationships and how it relates to their use of violence.
2. Increase member's awareness of men's issues and how impacts their male-male relationships and increases strain on their romantic relationships.
3. Increase their awareness of their participation within the group experience with other males and how can transfer to relationships outside of group.

Session Activities

Nugget of Truth – "True or False: Having more male friends can improve your relationship with your partner."

1. Start by giving members a piece of paper and pencil and time to break off alone and write what their primary guardian taught them about what it means to be a man and how that affects them today.
2. Members return to group and process their feelings about the activity and share their thoughts to begin discussion on what it means to be a man in today's society.
3. Members are asked to think of their friends, not just acquaintances, privately. Members are not be asked to share their list, but are asked if there were any surprises and begin discussion on male-male relationships and how impacts their use of violent behavior and negative aspects of their relationships with their partners, i.e., jealousy, dependency.

Session #6

What Are My Triggers?

Purpose

1. Increase member's self-awareness of the physical, verbal, emotional, and physiological responses that trigger their anger and/or violence behavior.
2. Members practice taking a time out or recall situations where a time out would have been more effective.
3. Introduce alternative responses to anger and violence:
 - a. Exercising
 - b. Deep breathing
 - c. Talking and communicating
 - d. Rational thinking
 - e. Time outs

Session Activities

Nugget of Truth – “True or False: Anyone can be provoked to respond with physical violence.”

1. Begin with discussion of each of us has personal triggers and hot buttons that can lead to violence behavior.
2. Members break into dyads and act out the last fight they remember having with their partner. Members are instructed to direct their group partner to behave as their romantic partner did in the argument, which provoked him.
3. Members return to the group and discuss what they learned about themselves in having to teach the other member how to provoke them and what their triggers are.
4. Discuss strategies to avoid abuse – give handout and role play scenario with implementing a time out.

Skills to Avoiding Abuse

1. **Physical exercise** – allows for release of energy and angry feelings without hurting someone else:
 - Walking
 - Jogging
 - Lift weights
 - Stretching
 - Punching bag
2. **Deep breathing** – allows for physiological calming down, release of tension, and decrease in adrenaline throughout the system.
3. **Understand the anger** – think rationally about the following questions:
 - What is the cause of my anger? What am I upset about?
 - Is my anger a reasonable response to this situation?
 - What is my anger doing for me?
 - What can I do in this situation to get the best outcome?
4. **Write about it** – find a place where you can be alone and write about what you're thinking and feeling about the situation. Try to come up with ways to resolve the situation with the most positive outcome.
5. **Talk about it** – talk to a neutral third party who is not emotionally involved in the situation about your anger in order to “check out” your reactions and think of a rational plan to resolve the situation.
6. **Distractions** – find something you enjoy such as a hobby that will give you time to distract yourself and calm down:
 - Play with a pet
 - Work on your car
 - Meditate
 - Pray
 - Read
 - Take out the trash
 - Do a puzzle
7. **Take a time-out** – there are guidelines to taking a time-out in order for the technique to work and avoid abuse:
 - Discuss the time-out with your partner and practice prior to actually needing it during an argument. Inform your partner that a time-out does not mean that you are ignoring her or trying to manipulate the situation, but it is a way to avoid becoming abusive.
 - Use “I statements” when taking a time out such as “I am beginning to feel angry and I need to take a time-out.”
 - Do not hesitate or try to get the last word in before taking a time-out.
 - Leave the scene of the situation for at least 20 minutes to 1 hour.
 - Do not drink or use drugs during a time-out.
 - Do not operate a vehicle or drive during a time-out.
 - Do something physical to release your emotions.

- **Practice deep breathing or meditating to relax.**
- **After you feel calm to return to the situation, go back and ask your partner if they are ready to talk without getting into an argument. If they are not, then respect their wishes and take another time-out. If they are willing, talk about the problem and try to resolve the conflict in a calm, rational manner.**

Session #7

Importance of Being Accountable

Purpose

1. Introduction to importance of being accountable for behavior and how relates to their ability to achieve their goals and positive changes.
2. Members begin to think in terms of their responsibility for their actions, specifically their charge.

Session Activities

Nugget of Truth – “True or False: Acknowledging your responsibility for your actions enables you to change.”

1. Introduce and draw Above & Below the Line on the board as concept for accountability
 - a. Above the Line – accountable for actions, ownership for behavior using I-statements, open to growth
 - b. Below the Line – denial, blame, no I-statements or accountability, not open to growth
2. Members break into dyads or triads to come up with ways they think it is beneficial to be accountable and write them on a piece of paper. Give members ideas of how being accountable can affect various aspects of their lives including their relationships, their children, and themselves and allow them to come up with any others.
3. Members return to group and discuss what they came up with. Leaders consolidate their ideas and type a handout to give to them next week to remember how accountability can benefit them.
4. Encourage members that they will be sharing charges next week and to think in terms of their accountability for the situation that led to their arrest and referral to the group.

Session #8

Personal Sharing: Charges

Purpose

1. Members share their charges with the group and acknowledge their accountability for their actions.
2. Members share and receive feedback from other members as support and encouragement for changing their behavior.

Session Activities

Nugget of Truth – “True or False: Being a man, means you don’t publicly express your feelings.”

1. Each member has opportunity to share their charge for 20-25 minutes.
2. Other members are encouraged to give feedback in terms of that individual’s accountability and areas for growth and change.

Session #9

Personal Sharing: Charges

Purpose

1. Members share their charges with the group and acknowledge their accountability for their actions.
2. Members share and receive feedback from other members as support and encouragement for changing their behavior.

Session Activities

Nugget of Truth – “True or False: Being a man, means you don’t publicly express your feelings.”

1. The rest of the members who did not share during the previous week, have the opportunity to share their charge for 20-25 minutes.
2. Other members are encouraged to give feedback in terms of that individual’s accountability and areas for growth and change.

Session #10

ABC's to Curbing Violence

Purpose

1. Introduce thoughts, feelings, and actions connection and steps to changing their faulty thinking in relation to changing their violent behavior.
2. Discuss the influence of their perceptions of a situation on their reactions.
3. Discuss examples and practice new skills to increase ability to label irrational thoughts and change behavior.

Session Activities

Nugget of Truth – “True or False: Our perceptions are reality.”

1. Give REBT handout and discuss.
2. Members break into 5 groups and assign each group a specific stage to come back and explain to the group and role play that stage using a given scenario.
3. If time, breakdown more personal examples from the members.

Session #11

Where Do We Come From?

Purpose

1. Explore members' life experiences to increase their understanding of who they are today.
2. Members share with the group in order to increase understanding of each other's differences and challenges.

Session Activities

Nugget of Truth – “True or False: We are all victims of our pasts.”

1. Members are given a piece of paper and told to make a timeline of their life outlining high and low points throughout life that they think have shaped them into the person they are.
2. Members return to the group and share their timelines.
3. Members complete the following sentence stems after looking back on their lives and reflecting and then share their responses with the group.
 - a. I am...
 - b. The world is...
 - c. Therefore I...

Session #12

Contributing Factors to Violence

Purpose

1. Discussion of member's outside influences and backgrounds, i.e, cultures, family background, lifestyle choices, etc. that have influenced who they are and the behaviors they consider acceptable, i.e., violence against women to acknowledge outside contributing factors and discuss ways to overcome those factors.

Session Activities

Nugget of Truth – “True or False: You can unlearn old behaviors.”

1. Begin with a discussion of how outside influences can affect who we are and how we behave, including using violence.
2. Members think of a TV or movie character whose lifestyle, life choice, background, etc. they can identify with and have them share with the group as a way of sharing about themselves and starting discussion. Leaders may model to start.
3. Introduce questions for anger management plans.

Anger Management Plan

Directions: Write your answers in paragraph format to the questions below. Your Anger Management Plan should be 1-2 pages in length and reflect your feelings about how you have changed after participating in the group. Your plans should reflect your best effort and show that you thought about and responded honestly to each question. Any plans that do not follow these directions will not be accepted.

- 1. List 3 of your triggers that make you angry?**
- 2. How have you changed regarding how you respond to those triggers after participating in the group?**
- 3. Do you view your charge differently now than you did before participating in the group? If so, how?**
- 4. What are 3 skills you could use in a difficult situation to avoid responding with abuse or violence?**
- 5. What will you consider on a daily basis that will help you continue to manage your anger?**
- 6. What is something you are aware of now about yourself that you were not before being in the group?**
- 7. What is your most positive memory of being in the group?**
- 8. What would your advice be to the next group of members participating in this group?**

Session #13

Building Communication

Purpose

1. Increase communication skills with others and ways to diffuse arguments with their partners.
2. Discuss alternative/unique ways to respond to partners to diffuse escalating situations.

Session Activities

Nugget of Truth – “True or False: The key to a good relationship is good communication.”

1. Begin with columns on the board titled assertive and aggressive and have members discuss the differences and write in the columns.
2. Members discuss the benefits of being assertive vs. being aggressive, i.e., no jail, no probation, etc.
3. Discuss active listening and how can improve communication and listening with partners, i.e, paraphrasing and nonverbal communication.
4. Members break into dyads and practice paraphrasing and using nonverbals to communicate to partner that they're listening.
5. Members return to group and discuss unique ways they have responded in an argument with their partners that have and haven't worked.

Session #14

Personal Growth: AMG Plans

Purpose

1. Members to share the anger management plans, how they've changed, how they can apply their knowledge outside of group, etc.
2. Members share and receive feedback regarding other member's perceptions, changes, wishes, etc.

Session Activities

Nugget of Truth – “True or False: True friends are rare.”

1. Each member has the opportunity to share their anger management plan for 20-25 minutes.
2. Other member are encouraged to give feedback regarding the individuals anger management plan, ways in which they have seen them change, and hopes for that member after group ends.

Session #15

Personal Growth: AMG Plans

Purpose

1. Members to share the anger management plans, how they've changed, how they can apply their knowledge outside of group, etc.
2. Members share and receive feedback regarding other member's perceptions, changes, wishes, etc.
3. Leaders share individual feedback with members privately and any additional referrals.
4. Wrap up and process group experience, encourage continued relationships among members after group, and say goodbye.

Session Activities

Nugget of Truth – “True or False: People can change.”

1. Each member has the opportunity to share their anger management plan for 20-25 minutes.
2. Other member are encouraged to give feedback regarding the individuals anger management plan, ways in which they have seen them change, and hopes for that member after group ends.
3. Individual meetings with group leaders to provide feedback, positive changes including strengths and role in the group, and areas for continued growth; case dispositions are completed. During individual meetings, other members complete posttreatment measures and probation document giving feedback on group experience.
4. Process group experience and the strengths and changes of the group as a whole. Encourage continued relationships among members beyond group. Provide members with certificates and close group.

VITA

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